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Doctors wanted no women need apply: the female response to nineteenth century medical practice in the writings of Louisa May Alcott, Charlotte Parkins Gilman, and Edith Wharton.

Sobaihi, Maisah Mohammed

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**"DOCTORS WANTED - NO WOMEN NEED
APPLY": THE FEMALE RESPONSE TO
NINETEENTH CENTURY MEDICAL PRACTICE
IN THE WRITINGS OF
LOUISA MAY ALCOTT,
CHARLOTTE PERKINS GILMAN,
AND EDITH WHARTON.**

MAISAH MOHAMMED SOBAlHI

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ABSTRACT

This thesis explores the fictional representation of the medical man in the short fiction of three American women writers. Chapter One examines the nineteenth century medical profession and the attempt by male practitioners to control women through different therapies. Most medical theories were aimed at restricting women, and shaping the female personality. Most male practitioners fought the emergence of the "New Woman" and her demands for independence. They placed great emphasis on women's incapacity within professional spheres, and declared that women were particularly unfit to enter the medical profession. However, many women fought to enter this male monopoly of medicine, and women generally began to support the emergence of the medical woman, finding more comfort in the hands of the female practitioner.

The remaining chapters examine some of the ways in which such ideas are reflected in the *writings* of Louisa May Alcott, Charlotte Perkins Gilman, and Edith Wharton. Alcott depicts the power of the female healer and her attempt to usurp all medical authority; Gilman opposes the effects of the "rest cure", a popular nineteenth century treatment by S. Weir Mitchell, and suggests an alternative for women; and through symbolism and imagery, Wharton subtly explores the negative effects of confinement and isolation, which were important elements in many nineteenth century medical therapies.

To my parents
with love and respect.

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INTRODUCTION

In both England and America, the nineteenth century was a period of immense transformation in the conditions of women's lives. This was the age when women began to emerge as a significant body in various reform movements which demanded greater opportunities for women in higher education, for reform of the property laws, of the divorce laws, and for of course for the right to vote. Such movements were at first opposed by the majority of men and women, who backed their case with theological statements about women and their function in society, a set of defining concepts and ideas which aimed to keep women in the home. Many argued that the home was woman's natural domain, and that all the laws aiming to keep her there were for her own benefit as well as that of the public. Women and men were seen to have separate and distinct roles to fulfil in life, with woman's supreme duty being to remain the devoted wife and loving mother, an "Angel in the House" who reigned as queen in the private domestic life, leaving the public domain for men.

During the second half of the century, although women continuously attempted to overcome these ideas of separate spheres, there remained a profound belief in sexual difference, according to which men were naturally dominant, active and strong, while women were naturally subordinate, passive and weak. These complexities regarding the purposes and functions of men and women in nineteenth century society have been linked to the rise of industrialization, and the new world it brought in its wake: John S. Haller notes that both sexes during this time "faced a bewildering and conflicting array of roles forced upon them by a newly

industrialized society".¹ The "ideal" feminine role conflicted with the demands of industrialized England and America, and new advances helped women to participate in functions outside the home - once restricted by minimal education and training to water-colouring, embroidery and music, doors at last seemed to be opening for women.

Even those middle class women who chose to continue supervising household affairs soon realized that they were not required to, since such business was taken care of by servants, leaving the "lady" with virtually nothing to do. While industrialization forced working class women into the factories, it condemned women of the middle and upper classes to idleness. The real lives of nineteenth century middle and upper class women in fact frequently mirrored that of their literary stereotypes: most were nervous, fragile, suffering from some sort of illness. The "woman question" arose simultaneously with the rise of the new world of industrialized America: how could the obedient, submissive Victorian lady fit into the demanding world of men? In the old order, women were physically productive, engaged upon work like farming, nursing and childrearing; their work in the old order was clear and therefore there was no "woman question". However, with industrialization, women began to feel like misfits in a world which seemed no longer to require them. Barbara Ehrenrich and Deidre English assert that women were robbed of their tasks by industrialization; the traditional productive skills of women like textile manufacture, garment manufacture, and food processing passed into the factory system, giving working class women long hours of strenuous work and leaving the middle and upper classes with nothing to do.

From the male perspective the woman question was seen as a social problem which required systematic study and a quick resolution. Ehrenreich and English argue that the scientific answer to the woman question elaborated over the past one hundred years by male physicians, psychologists and domestic scientists, and even child raising experts, was but, "The ideology of a masculinist society dressed up as objective truth."² These male experts saw themselves as authorities on the dilemmas suffered by women, and the physicians' and biologists' explanations were used as a legitimization for shaping women's lives, with which they proposed new patterns for social relationships emphasising women's domestic and child-rearing roles.

The medical professionals were among those experts who made woman's biology the basis of her destiny. Woman's biological forces were believed to govern both her physical and mental health, and this enforced the need for women to have a separate social territory, since they were, in general viewed as frail, and highly susceptible to mental disorders. Ripa Yannick, in her book *Women and Madness: the incarceration of women in nineteenth century France* (1990), shows that the increase in female insanity was a result of this development of the relationship in nineteenth century concepts of madness and femininity. The asylums in France became places for those whose behaviour were deemed threatening either to society or to the family, and in her study she discusses madness in relation to nineteenth century French literature, showing how, particularly in the work of Balzac and Zola, madness is one of the misfortunes inflicted upon the transgressive hero or heroine, and how this marginalises these characters within the novels and from society at large.³

In the recent past, most feminists have viewed the discourses associated with female mental illness as manifestations of misogyny. Elaine Showalter, in her powerful study *The Female Malady*, sees women's mental illness as a form of female sexual oppression in a patriarchal society, and shows that during the nineteenth century the cultural perception of madness evolved from the wild disturbing madmen of the previous century into the beautiful, dangerous and desperate madwomen of the fin de siècle.⁴ During this period, cultural ideas about "proper" female behaviour directly affected the treatment and definition of female madness, but Showalter turns to Victorian women's novels and diaries to reveal the female perspective on mental disorder, studying in detail Charlotte Brontë's *Jane Eyre* and *Villette*, and Mary Braddon's *Lady Audley's Secret*. These texts show the reaction some women had to the restrictions of the female role, presenting female mental instability within its social context; while most nineteenth century physicians blamed female mental or physical instability on her reproductive system, many women writers blamed it on male oppression and the lack of work and independence. Showalter explains that while Brontë's depiction of Bertha Mason's madness in *Jane Eyre* reflects the beliefs of Victorian psychiatry about the transmission and causes of female madness, in *Villette* she shows the impact of loneliness and confinement, and the many psychological contradictions in the lives of nineteenth century women. The heroine of *Villette*, Lucy Snowe, is not locked up in the attic, but she is unloved and alone; ostracized by society for being poor and a spinster, Lucy suffers from depression, fever and hallucinations, at times verging on the brink of madness. Here Brontë does not blame madness on external wrongs alone, but shows that the emotional

needs of women must be met in order for them to lead a stable, happy and fulfilled life.

Lucy Snowe has work and mobility, but it is not until she is both loved and in rewarding work that she is able to overcome her nervousness. In *Lady Audley's Secret*, madness becomes the label attached to female ambition and outrage. In general, these texts reflect that the economically powerless and legally marginalized Victorian woman was viewed by society as a sexually unstable, irrational being. The medical beliefs were a means of controlling women, Showalter tells us that: "As women's demands became increasingly problematic for Victorian society as a whole, the achievements of the psychiatric profession in managing women's minds would offer both a mirror of cultural attitudes and a model for other institutions."⁵

Many other feminists agree that the manner in which the nineteenth century medical profession viewed female mental disorders was a direct result of women's oppression in society, and not a result of biological vulnerability. Sandra Gilbert and Susan Gubar, in their impressive and influential study *The Madwoman in the Attic: the woman writer and the nineteenth century literary imagination*, associate female mental instability with women's protest against their restrictive role. The figure of the madwoman in the fictional texts of nineteenth century women writers thus becomes an emblem for the psychological torment women writers suffered in order to obtain literary achievement. Anything other than submissiveness, modesty and selflessness was generally unacceptable in the nineteenth century, and Gilbert and Gubar reveal that in women's fiction of the time virtually every female enshrined in domesticity is met with an equally negative

image - either a mad, fallen or fiendish woman. At times the monster or madwoman could even be concealed in the angel-figure - the idealized figure performing her womanly duties could be concealing a mad or monstrous alter ego - but more frequently this "Angel in the House" suffered from some kind of mental or physical illness. Gilbert and Gubar indeed assert that nineteenth century culture actually admonished women to become ill.

These "female diseases" from which "Victorian women suffered were not always byproducts of their training in femininity; they were the goals of such training".⁶ Nineteenth century women writers did not confess that they were mad to attempt the pen, but were apologetic of the event and it shows in both their fiction and their lives. Women who attempted to write were defined "as mad and monstrous: freakish because 'unsexed' or freakish because sexually 'fallen'".⁷

For centuries women have been excluded from the literary tradition, as male sexuality has been believed to be the essence of literary power - the penis being regarded as a generative device from which creativity and literary power stem. Because the pen is a male "tool" alien to women, those women who attempt the pen are seen as unnatural, mad, or freakish. Rufus Griswold confirmed that this idea was ubiquitous in the nineteenth century in his anthology *The Female Poets of America* (1849), declaring that while not all women lack creativity and literary power all the time, when creativity appears in a woman it may be freakish, because as a "male" characteristic it is essentially "unfeminine".⁸ Nathaniel Hawthorne, also firmly believed that the "mob of scribbling women" were capturing and

corrupting the literary market, and he wrote in admiration of Fanny Fern's novel *Ruth Hall* saying that this woman "writes as if the Devil was in her; and that is the only condition under which a woman ever writes anything worth reading".⁹

It is not surprising that many women writers were in some sense ill, since they found it impossible to submit to being in such a powerless position. In this study, I have chosen three nineteenth century American women writers who were in some sense ill during a specific period of their lives. My focus is not like that of Gilbert and Gubar or like that of Elaine Showalter, in that it is directed more towards the medical man, his therapies and methods and how these were represented by women in their fiction. Where they concentrate on the mad heroine, her psychological progression into mental discomfort and her significance within the literary text, I focus more on the discomforts of the ailing heroine, whether physical or mental, and on the nature of the healing process she experiences - i.e. the kind of healing provided to the patient, and from whence this comes. In most cases the comfort is provided by the female healer, who at times also administers to male patients - an even more powerful, fictional rebuttal of male medical practices. Illness is therefore an important part of this study, but it is read in relation to the art of healing and to the authority involved with healing.

It thus differs from many recent studies concerned with illness. Miriam Bailin's work *The Sickroom in Victorian Fiction*, for example, explores the place of illness within the Victorian literary imagination, and reveals the sickroom as symbolic space in nineteenth century life and literature, functioning as an imagined retreat from the conflicts of Victorian society,

and Bailin concludes that fictional representations of illness serve to resolve social conflict and aesthetic tension.¹⁰ Susan Sontag, in her study *Illness as Metaphor*, also examines illness and literature, regarding the heroine's illness as something alive within the body, working insidiously and with its own will causing disruption of bodily functions. Sontag views illness as metaphorically invading the female territory, for when ill the female is robbed of her space and continues to search for it.¹¹ Mary Burgan in her study *Illness, Gender and Writing* looks at the works of Katherine Mansfield in the context of the author's illness, viewing Mansfield's life as a case history in medicine, and her narratives as an effort to confront mortality.¹² Finally, Joan Burbick, in her recent study *Healing the Republic*, interprets nineteenth century narratives of health and literature in order to expose the conflicts underlying the creation of a national culture in America. Burbick looks at narratives written by physicians and lay healers, which all articulate a specific ideology in order to achieve radiant health.¹³

Burbick asserts that many nineteenth century Americans feared the political freedom they hoped for, and therefore designed ways to control the body in an attempt to impose social order. The idea of controlling the body is also relevant to my study; however, I look at the control imposed on the female body by the male physician, how that is resisted by the heroine, and what fictional methods and techniques the writers use to show this resistance. Illness is presented only to illuminate the insignificance or incompetence of the medical man, and there are many fictional variations on the indictment of the medical practitioner in the short stories presented. Some stories depict a negative representation of the medical man, some

reinforce the positive representation of the female doctor, some choose a female surrogate healer, while others completely disregard a doctor-patient relationship leaving the patient to heal alone.

This study focuses on three American women writers, all of whom suffered from ill health and as a result were forced into contact with the nineteenth century medical man. In their fiction these women not only express clinical awareness and knowledge of the methods and practices of the nineteenth century medical profession, but also voice their opinions on alternative health. They show resentment through their fiction, and communicate truths many women wanted, and were beginning, to voice, against the medical man, especially since women were starting to find comfort in the methods and practices of the emerging female medical practitioner. One can argue that although the difficulties faced by women in entering the medical profession were resented by many, more women encouraged female participation in this field, and therefore these fictional works can be read as powerful weapons in the fight to enable women to infiltrate the male monopoly of medicine.

Chapter One of this study gives a detailed account of the rise of the male medical profession and of their methods and therapeutics, most of which were aimed at controlling the female personality and restricting women to their "proper place", which helped in the exclusion of women from the medical profession. Each of the following three chapters focuses on the writings of a particular authoress, the first being Louisa May Alcott, the second Charlotte Perkins Gilman, and the third Edith Wharton.

Louisa May Alcott is classified as among the earliest of American novelists, and is almost universally identified with sentimentality and with domestic virtues as presented in her classic novel *Little Women*. Alcott might have upheld a domestic ideal in her novels and drawn portraits of old-fashioned femininity, but she was a great advocate for the emancipation of women, and idealized domesticity was certainly not the only theme of her fiction. This ambidextrous writer, before writing household dramas, wrote tales of passion, rage and mystery under the pseudonym A.M. Barnard. These thrillers show a completely different side to Alcott, a side more in connection with her other self. Elaine Showalter reads Alcott's physical ambidextrousness as a metaphor for her personality, and suggests that these stories are products of another side of her psyche, representing her "un-American self". Alcott's brief experience as a Civil War nurse, which found fictional expression in *Hospital Sketches*, helped the writer to gain insight into the medical profession, which later found a more interesting expression in her thrillers.¹⁴ Alcott's treatment of illness in these stories, thus not only provides insight into her ideas on alternative health for women, but also possesses a crafted and highly skilled technique in presenting her ideas on medicine and medical practices.

The stories chosen for analysis are four of Alcott's chilling tales: "A Whisper In the Dark", which depicts the male medical practitioner, Dr. Karnac and the effects of his practices on the health of the protagonist, Sybil;¹⁵ "A Pair of Eyes", in which Alcott portrays the female protagonist as the medical authority with powers to sedate the male protagonist and turn him into a helpless patient;¹⁶ "The Skeleton in the Closet", in which the female possesses medical control over her idiot husband, imposing

solitary confinement;¹⁷ and finally "A Nurse's Story", in which complete medical authority is given to a female nurse caring for her female patient.¹⁸

Charlotte Perkins Gilman is the second of the writers to be discussed. In the recent past Gilman has gained great popularity with the rediscovery of her short tale "The Yellow Wallpaper" by feminist scholars.¹⁹ The story was written by Gilman as a fictional attestment to the practices of Dr. Weir Mitchell, a prominent nineteenth century physician, whom Gilman visited seeking relief for her mental discomfort. Dr. Mitchell applied the "rest cure" to Gilman, but this only caused more discomfort, since it basically forced her into complete inactivity. The story is read in conjunction with Gilman's other, not so popular, fiction, which also shows resentment towards the medical man. In "Making A Change", the author elaborates on the idea of female bonding and its powers to heal the ailing female, and in "Dr. Claire's Place" she strongly presents the female doctor and her methods as the ultimate relief for the female patient.²⁰

The last and most interesting tales to be discussed are those of Edith Wharton. Wharton also underwent the popular Weir Mitchell "rest cure", but did not express her ideas on this cure in her non-fictional work. Even in her autobiography *A Backward Glance*, Wharton does not mention the experience, and in her fiction chooses instead to elaborate on the methods and practices of the nineteenth century medical man, placing great emphasis on setting and symbols to signify her ideas.²¹ Most of Wharton's stories are ghost stories in which the house is used as a major symbol to illuminate the effects of confinement on the female protagonist - in both

"Kerfol" and "All Souls", the house, and the woman's confinement to it, has a tremendous effect on her mental health. However, in "Miss Mary Pask" and "The Triumph of Night", Wharton reverses the stereotype and presents the male protagonist confined and under control of the female healer.²²

All of Alcott's, Gilman's and Wharton's *writings* presented in this study are less familiar to the general reader than their novels. Gilman is gaining more popularity as critics look into her utopian novel *Herland* (1915), Wharton is generally known for her masterpiece *The House of Mirth* (1905), and Alcott has retained popularity through the classic *Little Women*. (1868-9). Nevertheless, although the novels of nineteenth-century women writers are well-known, their short fiction is less familiar though equally exciting, and this study therefore focuses on the short fiction of women writers in an attempt to familiarize the reader with the less popular fiction of these women writers. While it is true that female novelists found opposition from their male contemporaries, the female short story writer of the nineteenth century frequently found her work encouraged, since she was working in a genre less serious and less profitable. Obviously, women writers found the genre useful since even eminent writers, like George Eliot and Elizabeth Gaskell, contributed to the genre.

By the waning years of the century women obtained a significant role in the production of the short story. Literacy and leisure increased among women and this created a female reader continuously demanding literary periodicals and magazines, and many of the topics and themes concerning women were eloquently expressed within the short story. Because women

writers often had editorial control over this genre - Louisa May Alcott was editor of *Merry's Museum* and Charlotte Perkins Gilman editor of *The Forerunner* - and because they knew they were addressing primarily a female readership, they found it even easier to voice their opinions on issues of particular relevance to them, i.e. "the woman question" and "the new woman".

It is apparent from this study that one of the issues women explored in the short story was medicine and male medical authority. In choosing to focus on the *writings* by female writers in relation to the ideas and practices of the medical practitioner of the nineteenth century, I hope more readers will grow to appreciate the *writings* of women writers as much as their novels. Discussion of the short story usually involves writers such as, for example, Chekhov, Maupassant, Edgar Allen Poe, Hawthorne, Kipling and Joyce, and usually excludes Alcott, Gilman or Wharton, and for that matter Louisa Baldwin, Ella D'arcy, Margaret Oliphant, Victoria Cross, Charlotte Mew, Sara Orne Jewett, and many more. It is hoped that with the recent publication of anthologies dedicated to the *writings* of women writers - for example, *Daughters of Decadence* (edited by Elaine Showalter, 1993), and *Nineteenth-Century Stories by Women* (edited by Glennis Stephenson, 1993) - and with this modest addition to the evaluation of the genre, the reader may gain a far greater appreciation of the female short story writer, and perhaps even a greater appreciation and understanding of women's writing in general.²³

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CHAPTER ONE:
WOMEN & THE NINETEENTH
CENTURY MEDICAL PROFESSION

I: Women and the Male Medical Profession in the 19th Century

The steady development of the medical profession during the nineteenth century resulted in the disappearance of the female healer, the "wise woman" with her herbs and tonics. Since ancient times, women have had a particular responsibility for healing, and most communities have had a "wise woman" to turn to when ill. Even the ancients' gods and goddesses who were worshipped in times of plague or disease were female; for example, Ishtar, the Assyrian goddess, was the goddess of health and the mother goddess; the Egyptians worshipped the goddess Isis as their healer and believed that her powers played an important part in the treatment of illness.

During the Middle Ages women were skilled in medicine and midwifery; making herbal remedies and cures was part of a woman's daily work, and midwifery was again a speciality for women. Until the seventeenth century most midwives were women, but around 1625 the man-midwife or "accoucheur", came into existence and by the end of the eighteenth century male midwives outnumbered female midwives. This change was the direct result of the invention of forceps by Peter and Hugh Chamberlain, surgical instruments used in cases of difficult labour to help with delivery, and by law only to be used by male midwives - i.e. by those who had previously trained as surgeons. Female midwives were very critical of these male midwives and resented the development of midwifery into a profession, and as the seventeenth century progressed it became more difficult for women to learn about their own bodies. Gradually it became vulgar and indecent for a woman to enquire about her anatomy and its functions, and,

once this idea became increasingly widespread, women began to leave all health matters in the hands of their doctors.

Meanwhile, many male "experts" were now claiming dominion over certain areas of women's lives and basing this claim upon biological science, whilst women, who had always been seen as healers - an image, based on their role in motherhood, which automatically associated them with tenderness and nurture - were now gradually robbed of this domain. The medical world became a male enterprise; women no longer went to a female healer or friend during their time of illness, but were now faced with the male physician, since, as Barbara English asserts "the medical profession was consolidating its monopoly over healing".¹ The physician saw himself, and was seen by society, as a moral instructor, obliged to know more about women than just their ailments, and was expected to provide more than therapy, by reinforcing nineteenth century moral codes. Dr. Charles Meigs advised that, "Every well educated medical man ought to know something more of women than is contained in the volumes of a medical library. Her history and literature, in all ages and countries, ought to be gathered as the garlands with which to adorn his triumphant career as a physician."²

Nineteenth century woman thus became a curiosity to medical men, worthy of observation and investigation, and the prevailing medical view was that female biological forces governed the female personality; this curious, "peculiar" being was regarded as inferior, a complex and confused creature requiring constant control and management. This was to be the role of the

medical man - he was to control and manage the female mind through subjecting her body and mind to various horrifying therapies.

Physicians aimed to understand the female generative system by focusing on women's frailty and delicate nervous system, and the vulnerability of this system at different periods of female development, from puberty to menopause. Many nineteenth century physicians provided women with certain regimes to follow in order to avoid harm to their nervous systems, which was in general viewed as very different from men's. Dr. Charles D. Meigs, Professor of Obstetrics at the Jefferson Medical College in Philadelphia, probably the most influential member of the emerging male medical profession, emphasised female frailty and was convinced that the mysterious workings of the female reproductive organs were closely related to the mysteries of female behaviour. In 1848, Dr. Meigs published his influential work *Females and Their Diseases; A Series of Letters to His Class*, in which he declared that woman "differs from men in her stature, which is lower; in her weight which is less; in her form which is more graceful and beautiful; in her reproductive organs, that are peculiar to her; and in her intellectual and moral perceptivity and powers, which are feminine as her organs are".³ Dr. Meigs does not limit his perception to viewing the female intellect as "feminine", but goes on to say that her "intellect is different from that of her master and lord", primarily because she "reigns in the heart" and because "she has a head almost too small for intellect but just big enough for love".⁴ Accordingly, Dr. Meigs sees that "the household altar is her place of worship and service . . . Home is her place, except when like the star of day, she deigns to issue forth to the world, to exhibit her beauty and her grace, and to scatter her smiles upon

all that are worthy to receive so rich a boon - and then she goes back to her home, as the sun sinks in the west, and the memory of her presence is like the sunlight that lingers long behind a bright departed day".⁵

This statement reveals how far the general underlying assumptions of the medical profession were intended to help shape political ideas. If women were to continue to be ornaments of beauty, they would live a healthy productive life; but if they attempted to step behind the limits prescribed by men, they were subject to many disorders condemning them to a life of hazardous health. The ideal Victorian Lady, what was known at the time as "the Angel in the House" - the pure, passionless, delicate, frail model woman, was what men of the nineteenth century wanted to preserve, and the medical profession helped them by returning women to their proper sphere whenever they attempted to leave it. Women would thus be perceived as sick if they were to exhibit unfeminine traits such as ambition and intellectuality. The medical profession developed therapeutics for women's ailments which were all aimed at preserving female frailty and inactivity, and focused on the home as the place of succour and protection from ill health.

Menstruation was also seen as a serious threat to women's physical and mental health. Advice books were written for women warning against exercise and advocating rest and sleep during this very critical period. Dr. Meigs warned that :

If a girl, in coming up to the age of puberty, is badly managed; if her digestive organs are suffered to become permanently deranged, under a vicious course of feeding; her nervous system to be badly or

imperfectly developed, by means of vicious habits of education, in exercise, in sleeping and waking, in unnatural attitude, in the consumption of the nervous force in studies at school and at home; it is reasonably to be expected that the whole future life will take a color of feebleness and impressionability from the character of the constitution acquired at the close, and true completion of the puberic age.⁶

Menstruation was a period of great crisis and trauma for young girls, especially since their prudish mothers felt too ashamed to talk to their daughters about it, and the result was that through fear girls frequently tried to stop the process by immersing their bodies in icy water or wrapping wet clothes around their stomachs. Added to this fear was women's awareness of the possibility of incarceration by physicians because of menstruation: some physicians, like Edward Tilt, believed that women who were greatly influenced by menstruation should be incarcerated throughout their menstruating years as a means of protecting both society and themselves, as it was believed that menstruating women could go temporarily mad, destroying furniture, attacking family and strangers, and sometimes even killing their own infants. Dr. Englemann, President of the American Gynecology Society in 1900, wrote, "Many a young life is battered and forever crippled on the breakers of puberty; if it crosses these unharmed and is not dashed to pieces on the rock of childbirth, it may still ground on the ever-recurring shallows of menstruation, and lastly upon the final bar of the menopause where protection is found in the unruffled waters of the harbor beyond reach of sexual storms."⁷

During puberty young girls were therefore instructed not to work hard, especially when it came to studying and intellectual activity, as this was believed to hamper their development. Dr. Meigs, examined a fourteen

year old girl, who in reply to the doctor's question, "Are you sick?", replied with an emphatic, "No, Sir. They say I'm sick, but I don't feel so!", concluded that the girl's studies would "ruin her health", and affirmed that there was nothing wrong with the young girl but "Schooling". The doctor advised that even though the girl was pleased and deeply content with her schooling, she "ought to be chasing butterflies, or training flowers, or weaving them into pretty coronals, such as white morning glories, pale as yourself; or you should be dressing dolls or galloping the pony, or dancing, or dawdling. You must not do so much work at school, and you shall not, if I can prevent it."⁸

The "scientific" views on puberty proposed by physicians not only reflected the social definitions of woman's appropriate role, but also helped shape such social definitions. Carol Smith Rosenberg, in her essay "Puberty and Menopause", asserts that puberty and menopause, as physiological processes, were marked by great emotional flux and depression. Puberty was defined socially as a period of entrance into new social roles and duties, and in general, physicians believed that because women's generative organs were hidden inside their bodies, women were governed by their biological clock not their will; in other words, women were regarded as uncontrollable beings, while men were governed by their will and, unlike women, were able to control, among other things, their sexual impulses. It was believed that women's generative organs caused ".....weakness, embarrassment, irritability and, in some cases even insanity". One nineteenth century physician, stressing the powerful influence of women's "organs", wrote that they "exercise a controlling influence upon her entire system, and entail upon her many painful and dangerous diseases. They are

the source of her peculiarities, the centre of her sympathies, and the seat of her diseases. Everything that is peculiar to her springs from her sexual organization."⁹

This fear of the female nature was a constant presence in the beliefs and writings of the majority of nineteenth century physicians, and in the second half of the century doctors developed certain surgeries as a means of controlling this stormy personality. Clitoridectomy was popular in the 1860's, but more popular was ovariectomy, the removal of the ovaries known at the time as "female castration". It was estimated in 1906 that 150,000 women underwent such surgery. According to the historian G.J Baker Benfield, "Among the indications [that such surgery was considered necessary] were troublesomeness, eating like a ploughman, masturbation, attempted suicide, erotic tendencies, persecution mania, simple cussedness, and dysmenorrhea [painful menstruation]."¹⁰ A strong sexual appetite was, however, the most common indication and doctors struggled to fight this "oversexed" woman, who was not only seen as a threat and bad example to the women in general, but was also viewed as a "sperm-draining vampire who would leave men weak, spent, and effeminate".¹¹ After such surgery doctors claimed that women returned happily to their domestic functions, one doctor claiming in 1893 that after performing this type of surgery, "patients are improved, some of them cured; . . . the moral sense of the patient is elevated . . . she becomes tractable, orderly, industrious, and cleanly".¹²

The erotic, "oversexed" female was not the only kind of unconventional female of whom doctors were frightened. Doctors also seemed to fear the

the development of the female brain, or, as she was termed, the "mental woman". The evolution of colleges for women, and women who responded to education, frightened doctors even more. Doctors constantly stated that women should concentrate on the womb and put all mental activity aside, especially during periods of uterine energy - adolescence, puberty, pregnancy and menopause. In other words, for virtually the entirety of their lives women were to preserve their energy for their biological changes, and were to concentrate upon the development of their reproductive systems and on a strict regime of complete rest. A routine of domestic tasks such as cooking and cleaning was permitted because it was believed to help in the development of the maternal organs. Doctors believed that any mental effort during pregnancy would so "overtax the woman's own system that she would require "prolonged administration of phosphates"". ¹³ In general, doctors agreed that the "mental woman" was not very feminine, was muscular and abrupt in motions, and some even went so far as to suggest that her breasts might be lost through such activity.

As the century moved on, however, less and less women accepted the opinions and advice from such medical men, and doctors were gradually forced to change their therapeutic methods. Surgery was substituted with the more subtle approach of finding ways to overcome the female spirit or will: the methods were still aimed at controlling the unconventional female, but now less physical, and more mental, pain was involved. Most famous of these cures was Dr. Silas Weir Mitchell's "rest cure", a treatment which became very popular among women because, unlike other gynecological treatments, it was physically painless, although according to many women

it could be mentally tormenting. The treatment did not involve the insertion of strange objects into the vagina, or any other physically painful procedure, but instead the basis of this treatment was complete rest; the patient was not allowed any visitors, nor any mental stimulation - not even the daily paper - and if her case was serious she was not even allowed to urinate. The "rest cure" was the most important of Dr. Mitchell's achievements. It was announced in 1873 in the *American Journal of Medical Science*, and the treatment proved very successful; the cure was based on rest in bed for a month to six weeks, followed by a strict regime of exercise, massage, a fattening diet, and electrical treatments only when needed. Dr. Mitchell's "rest cure" was based on a physiological approach because he was always, "looking for physiological or somatic clues to all neurotic phenomena".¹⁴ It is probably this "rest cure" which made Dr. Mitchell one of the leading psychiatrists in America during the last three decades of the nineteenth century.

In general, Dr. Mitchell believed that there was a "close relationship between bodily deformities and diseases of the nervous system".¹⁵ He denied that there was such a thing as mental fatigue, concluding that, "what was commonly taken for mental fatigue was merely physical discomfort arising from prolonged writing or constrained positions". This led him to criticize American working habits; for example, he attacked the idea of heavy school work, especially for girls, and commented on the subject of women's health saying, "Today, the American woman is, to speak plainly, physically unfit for her duties as a woman."¹⁶

During the 1870s, Dr. Mitchell became famous as a result of his neurological work; between 1870 and 1879 he published many books on neurology and related topics, one being *Fat and Blood*, published in 1877. This book was devoted to the "semi-invalid" woman of the Victorian era, who, having no organic disease, suffered from "nervous exhaustion", explained by Mitchell as a result of too much work. His ideas on women were always vehement, and it was believed that he had great personal influence over women and was frequently able to heal his female patients purely through the doctor-patient relationship. Barbara Ehrenreich and Deidre English assert that Mitchell healed by his "masculinity", and that this was even more powerful than the other treatments in manipulating the female back to her reproductive functions and domestic life.¹⁷ Something analogous was later developed by Sigmund Freud, who also depended upon the doctor-patient relationship, who, while banning such cures, still urged women to confess their rebellion and accept the feminine role. It is also possible that Freud was influenced by Mitchell's ideas; Mitchell's biographer, Ernest Earnest, claims that, "Freud stated that he combined what he called 'the Weir Mitchell rest cure' with his own psychoanalytical therapy."¹⁸

Hence, the "rest cure" was based on reintegrating the patient into her "proper" position as the submissive wife or dutiful mother, forcing her to focus only on her home and children, and ignoring completely any need for intellectual stimulation. Many women writers underwent the Weir Mitchell "rest cure" and were furious with the treatment, finding it confining and incarcerating. Edith Wharton, Charlotte Perkins Gilman, Rebecca Harding Davis, Alice James, Elizabeth Robins and Virginia Woolf,

are only a few of many who experienced this cure. Alice James began to suffer from "nervousness" early in 1866, when aged nineteen, which was followed by a complete breakdown in the following year, when she was sent to one of Mitchell's disciples, Dr. Charles Fayette Taylor in New York. Dr. Taylor was particularly interested in connections between orthopedics and neurology, and he applied his "motorpathic" treatment to Alice James, which was aimed at reversing the energy flow from the nervous system to the body. He intended to stimulate the muscles by massage, stretching and limited exercises, as he believed that during nervous illnesses the body becomes out of control and needs to be mastered and restored to its proper functions, and to its proper relation to mind. To achieve this, Taylor advised that the patient "ignore" all her symptoms, "taking a course to secure ultimate immunity from them".¹⁹ Dr. Taylor also began to echo Mitchell's ideas about women, stressing the harmful effects of female education: "While education in men makes them self-controlling, steady, deliberate, calculating, thinking out every problem, the intellectual being the preponderating force, the so-called 'higher education' for women seems to produce the contrary effect on them . . . While men are calmed, women are excited by the education they receive." He continued by saying that education turns women into a "bundle of nerves" which makes them "incapable of becoming the mothers of rightly organized children". Dr. Taylor was proud of his intention to shape the female personality and to make of women good mothers and wives: "For patience, for reliability, for real judgement in carrying out directions, for self-control, give me the little woman who has not been 'educated' too much, and whose only ambition is to be a good wife and mother. . . . Such women are capable of being the mothers of men".²⁰ From Dr. Taylor,

Alice James, along with her medical treatment, received moral instruction on being a good wife and mother - instruction not foreign to her, since both her mother, Mary James, and her father, Henry Sr., favoured this kind of woman.

The James family viewed Dr. Taylor as extremely well-qualified and very capable of curing their daughter. William James, Alice's brother and the medical figure of the family, regarded Dr. Taylor as a "very original and ingenious man".²¹ Mary James, in a letter to her daughter in 1867, shows no resentment towards Dr. Taylor's method for the "restoration" of her daughter, and writes in hope of her daughter's cure: "I expect to hear from the Dr. that the good work of restoration is almost completed."²² Alice stayed under Taylor's care for almost a year, appearing to be "very bright" and cheerful on her return to Cambridge in May 1867. However, this brightness did not last long and in June, during a visit to her friend Fanny Morse, Alice suffered another nervous "attack". These attacks became more frequent and finally Alice was forced to live with the "extremest care".²³ Jean Strouse suggests that a possible cause of Alice's ailments was her attempt to live up to certain conflicting ideals, and the fact that she was greatly torn between the opposing masculine and feminine ideals dominating the James family life. Alice respected her own intelligence and had the desire to be something more than her mother, but even if she opted for a domestic life, competing with her mother was just as frightening as aspiring to the intellectual life of her brothers. Throughout her life, Alice James tried to be neutral, silent, sexless, but her body and mind revolted, and thoughts of suicide haunted her and prevented her from developing her mental capacities. In writing about her illness years later, Alice drew upon

the fight between her sensations and the moral powers that were to be "triumphant" in the end, writing, "As I lay prostrate after the storm with my mind luminous and active and susceptible of the clearest, strongest impressions, I saw so distinctly that it was a fight simply between my body and my will, a battle in which the former was to be triumphant". Alice appears to have accepted the nineteenth century medical conception and continuously fought against her impulses, gradually creating greater powers of self repression and control. She realized that if, "you let yourself go for a moment your mechanism will fall into pieces and that at some given moment you must abandon it all, let the dykes break and the flood sweep in, acknowledging yourself abjectly impotent before the immutable laws. When all one's moral and natural stock in trade is a temperament forbidding the abandonment of an inch or the relaxation of a muscle,'tis a never-ending fight."²⁴ Alice continued this fight throughout her life, leaving her with depression and weak nerves, with no expectation of fulfilment or happiness, and always speculating upon the question, "What is living in this deadness called life?"²⁵

The famous Weir Mitchell "rest cure" was also practised across the Atlantic. Vaughan Harley, a great advocate of rest cures, applied this cure in England to the famous novelist and dramatist, Elizabeth Robins. Harley prescribed the rest cure for Elizabeth Robins after deciding that her blood was "wretchedly poor stuff"; he forbade her all means of communication, and ordered a milk diet, plenty of massage, and complete rest. Elizabeth hated the milk diet and felt that the massage session "nearly knocked her out".²⁶ Frustrated with Harley's treatment, Elizabeth finally voiced her resentment to the doctor: "We've used all your horrible inventions, taken

all the filthy medicines, shaken all the bones according to directions - don't know what we can do now unless we shake the doctor."²⁷ Elizabeth understood that the rest cure was, "Precisely the wrong thing for [her], [she] being invincibly determined to live", and after the cure she fled to Italy to consult other physicians; although some ordered more rest, others denied that her nerves were the problem and pointed to possible rheumatic or gastric disorders. Meanwhile, Vaughan Harley in London was still advising Elizabeth to give everything up and come back to rest, but her reply was, "I rebel- refuse."²⁸

Later in life, Elizabeth underwent Dr. Lahmann's "Kur" in Dresden, which centred upon a vegetarian diet, no medicines, long walks and hydrotherapy. Lahmann's therapy provided temporary relief for Elizabeth, but ultimate satisfaction was finally gained when she was able to turn to Octavia Wilberforce for medical attention. Elizabeth's illness and her frustrations with male physicians encouraged an interest in medicine; she compared the medical profession to that of the stage, viewing the two professions as excelling all others in educating women, and she gave much support to the work of her dear friend Octavia Wilberforce. As a young woman, Octavia decided she was not cut out for marriage and decided to study for a medical degree, but her parents resented the idea and her father cut her out of his will and refused to pay for her education. In contrast, Elizabeth saw the life chosen by Octavia as "worthwhile" and declared the medical profession as "the greatest profession in the world".²⁹ All through Octavia's medical studies, Elizabeth provided her with the moral support needed to overcome the prejudices of the men in the profession.

Like Charlotte Perkins Gilman, Elizabeth Robins decided to find a fictional voice to express her experiences as a patient. In 1905, she wrote the novel *A Dark Lantern*, originally entitled "The Black Magic Man", which explores the growing relationship between doctor and patient, and looks at the patient's dependency on "the black magic man". In the novel, Robins shows the professional authority of the medical man, whose power is absolute when dealing with his female patient. The female protagonist, Kitty Dereham, has a nervous illness from which she is rescued by Dr. Garth Vincent's "rest cure": she is ordered to rest in bed, denied access to the outside world, and is under the constant supervision of the doctor's nurses. The doctor's authority eventually becomes absolute, and Kitty finally submits her body to the doctor first as patient, and later as a wife.

Virginia Woolf, the most famous woman to undergo the "rest cure", also reflected on the cure's terrifying effects in her fiction. After reviewing Robins' *A Dark Lantern*, Virginia pronounced the author "a clever woman",³⁰ and in *Mrs. Dalloway* (1925), Woolf expresses her own views of the medical man, this time through the relationship between the protagonist, First World War veteran and patient Septimus Warren Smith, and his doctor, Dr. Holmes. Holmes' diagnosis of Septimus is that "nothing whatever was seriously the matter with him but was a little out of sorts", and advises him to, "take an interest outside himself".³¹ Septimus's wife, Lucrezia Warren Smith, agrees with the doctor's diagnosis, and is clearly very frustrated by his condition, her husband's strange behaviour sending her running "with terror . . . for Dr. Holmes". Her fear regarding her husband's condition is always relieved by Dr. Holmes, whose great sympathy is offered to the wife, not the patient. Dr. Holmes, firmly

believing that nothing is the matter with Septimus, hopes after each visit "to find Smith out of bed and not making that charming little lady his wife anxious about him".³² This emotional bonding between Mrs. Smith and Dr. Holmes echoes Virginia's own observation of the bonding she felt existed between her husband, Leonard, and her doctors. Dr. Holmes, like many of Virginia's doctors, thinks Septimus is merely pretending to be mentally ill - he believes that Septimus is "talking nonsense to frighten his wife" - and that the cure for this, as in Virginia's case, is to "give him something to make him sleep".³³ However, an alternative diagnosis is given by Sir Walter Bradshaw, who declares Septimus to be, "a case of complete breakdown - complete physical and nervous breakdown", but although Woolf's portrayal of Bradshaw is more positive, he is not able to help Septimus because of the "blunders" of general practitioners like Dr. Holmes, which in many cases are "irreparable".³⁴ Although Bradshaw is given some positive qualities, he is still regarded by Septimus as being part of the conspiracy against him, of which Dr. Holmes is the leader.

To Septimus, Dr. Holmes "seemed to stand for something horrible", and it is Holmes who finds the body when Septimus commits suicide, suggesting his intimate involvement in the tragedy. However, Woolf's narrator declares that both Holmes and Bradshaw were responsible - they were both "judges" who did not judge correctly, "they mixed the vision and the sideboard; saw nothing clear, yet ruled, yet inflicted". It is thus both these men who lead Septimus to suicide, since he "did not want to die. Life was good. The sun hot. Only human beings?"³⁵

Septimus's resentment of the medical profession echoes Woolf's own resentment of her doctors and their treatments. Virginia Woolf has been

the subject of much attention, yet she still remains an elusive figure, and the question of her sanity has been frequently addressed: her husband, Leonard Woolf, declared her mad and tried to treat her, making medical attention an integral part of their lives; others, such as Stephen Trombley in his biographical study of Virginia Woolf, assert the writer's complete sanity, viewing the diagnosis and treatment she received as "an attempt on the part of the medical profession to enforce unwritten social codes as if they were the law of the land".³⁶ Trombley acknowledges that Virginia was at various periods of her life very "distressed", but he does not attribute this to "inherent madness which cannot be substantiated", but to the "pressures" which bore upon her.³⁷ Many reasons can be pointed to as causes for Virginia's breakdowns - family death as a reason for her earliest breakdown, a desire to have children which was denied her by her husband, and the nature of much of the medical advice and treatment she received - but the reason which she herself claimed to have affected her health and life most was the molestation by her half brothers, George and Gerald Duckworth, which began at childhood and continued until young adulthood. Years later she wrote of these experiences in a letter: "I still shiver with shame at the memory of my half-brother, standing me on a ledge, aged about six or so, exploring my private parts".³⁸ This interference continued for sixteen years, by either one or both of the brothers, and the profound impact of this sexual abuse cannot be ignored in understanding Virginia's illness. Nevertheless, Virginia's doctors did not investigate this traumatic experience fully, and dismissed her case as one requiring rest and more food. Her doctors, and especially Leonard Woolf, were always concerned about Virginia's eating habits; for Leonard, "one of the most troublesome symptoms" of Virginia's breakdowns was her

"refusal to eat". Leonard's efforts at promoting Virginia's good health were geared to "trying to induce her to eat a few mouthfuls", since he firmly believed that by "not eating and weakening herself she was doing precisely the thing calculated to prolong the breakdown, for it was only by building up her bodily strength and by resting that she could regain mental equilibrium". From one angle, it appears that Leonard was merely following medical advice: "Every doctor whom we consulted", he wrote, "told her to eat well and drink two or three glasses of milk every day if she was to remain well", and he regarded the attempt to feed his wife as a continuous "struggle" which led to "*quarrels and arguments*" between the couple "*almost always about eating or resting*".³⁹ However, it is suggested by Stephen Trombley that Virginia's eating problems were very much related to Leonard and the doctors and their authority, and that it began to assume a symbolic meaning associated with resistance to male aggression.

During her life, Virginia, on Leonard's advice, consulted many doctors, one of whom was Octavia Wilberforce, although this was very late in her life. In many ways her clinical history, as Hermione Lee affirms in her biography of Woolf, "keeps pace with the developing history of English medicine and attitudes to mental illness".⁴⁰ Virginia's primary doctors were Sir George Savage, Sir Maurice Craig and T.B. Hyslop, all of whom recommended rest cures and no excitement. Dr. Savage was one of the most eminent physicians of his time, best known as the author of *Insanity and Allied Neuroses* (1884), and as the editor of the *Journal of Mental Science*. Much of Savage's writing is concerned with "Moral Insanity", a dubious concept confusing morality and medicine. He believed that, "The eccentric person who neglects his relationship to his fellow men and to

society and to the social position into which he was born must be looked upon as morally insane."⁴¹ This neglect, according to Savage, can manifest itself - in the woman's case - in her want and desire for education, and he believed education for women harmful, absolutely needless and a major cause of insanity. Savage studied the hereditary causes of insanity as well as those caused by circumstances and environment, believing that insanity was not solely caused by hereditary factors - although the propensity could be inherited - but that, if the surroundings allow, the seeds can grow. He continuously used the term "morally perverse" to describe patients' odd behaviour. Savage's treatment of Virginia was based on rest and no intellectual stimulation, but she inevitably resented his orders, particularly when he sent her for a prolonged visit of several months to her aunt in Cambridge, from where she wrote to Violet Dickenson expressing her extreme frustration with this monotonous existence:

London means my own home, and books, and pictures, and music, from all of which I have been parted since February now, - and I have never spent such a wretched 8 months in my life. And yet that tyrannical, and as I think, short-sighted Savage insists upon another two. I told him when I saw him that the only place I can be quiet and free is in my home, with Nessa: she understands my moods. . . I long for a large room to myself, with books and nothing else, where I can shut myself up, and see no one, and read myself into peace. . . . I wonder why Savage doesn't see this. As a matter of fact my sleep hasn't improved a scrap since I have been here, and his sleeping draught gives me a headache and nothing else.⁴²

The Cambridge visit took place in 1904 and a week after Virginia wrote this letter Savage permitted her to return to London. A year later Savage declared Virginia cured and, like many nineteenth century physicians, continued to see her socially. However, after Savage had recommended that

Virginia should have children, Leonard once again exercised his authority over her health and did not permit her to see Savage again. Leonard then consulted Sir Henry Head, Sir Maurice Craig, and Dr. T. B. Hyslop; Craig and Hyslop's ideas were closely linked to those of Savage, drawing connections between madness and morality, yet Hyslop went further in connecting insanity to modernist art and literature.

Virginia Woolf's career as a writer was continuously interrupted by these periods of illness, and by the influence of the doctors and their therapies - a fruitful career which finally ended with her suicide in 1941. It is extremely important not to ignore Woolf's illness, not only because it was an integral part of her life, but also because, as Hermione Lee affirms, "the development of her political position, her intellectual resistance to tyranny and conventionality, derived to a great extent from her experiences as a woman patient. And even before a politics of resistance had been devised, she was very angry and distressed by her treatment."⁴³

II: The New Woman and The Female Doctor

The Mitchell cure, along with many other medical theories about women of the time, aimed to hinder and control female sexuality at a time when women were becoming more outspoken about their sexual desires. What was labelled at the turn of the century as the "New Woman", the daring and courageous female now emerging with her demands for liberty and her lax sexual conduct, was a concept many Victorians found frightening. Fiction by and about the "New Woman" flooded the pages of both English and American magazines, and Victorian critics were shocked by this new fiction which candidly represented female sexuality. Most critics denounced

this type of fiction as decadent and erotic, as its authoresses dealt freely with issues like marital discontent, divorce, and female and male sexual desires and impulses.

It is evident from the rise of the "New Woman" that there was an awareness among women of the forces imposed upon them by Victorian medical theories. Women began to resent male medical practices which, when treating female illness and depression, frequently diagnosed madness, hysteria or nervous prostration, and prescribed incarceration within the home or even asylum. Women slowly realized that physicians associated puberty with madness, and menopause with hysteria, as a way of controlling women. The range of symptoms doctors associated with female ailments was enormous, from shouting aloud to physical abuse, and soon women began to understand that the doctors' beliefs and ideas were being devised and used in ways to reinforce the feminine ideal, particularly once deviation from the traditional role had occurred.

Some women realized that they must free themselves from their medically-defined existence, and thus began to resent the medical man, who clearly intended to hinder the intellectual and educational development of women. These women wanted alternative advice but, because of the male monopoly over the medical profession, their alternatives were limited; the agitation this caused resulted in the emergence of the female doctor, a change which faced enormous opposition. The female doctor was seen as the newest of "New Women", and although the idea received a great deal of support from women generally, men inevitably found it absurd.

Since they were viewed as possessing barely any intellect, women were regarded as definitely unfit, mentally and physically, for the medical world and its demands. But advocates of medical education for women insisted that, as a matter of delicacy, women should have the service of their own sex. Male physicians felt threatened and undermined by the idea of female doctors, and rejected the admittance of women to medical schools, but during the late nineteenth century a number of strong-minded women were determined to enter the profession. Dr. Elizabeth Blackwell, Dr. Harriot Hunt, together with Dr. Marie Zakrzewska and Dr. Mary Putnam Jacobi, provided the stepping stones for women in the medical profession. These women met many obstacles, and, as Kate Campbell Mead explains, although women did not want to be segregated from male students, they were forced to open their own medical schools for women since all doors were closed to them.⁴⁴

Women doctors began to appear on the scene in the 1850s, some proposing the idea that the cure for many specifically female ailments was independence from patriarchal medicine. Thus the female doctor was a wonderful alternative for women; while men blamed women's ailments on her biological functions, women doctors blamed female ailments on women's fashions, condemning over-corseting, encouraging women to wear loose clothes and to take exercise, and advising women to value work rather than rest. These medical women attempted to improve women's health through dress reform and physical education, studying the effects of women's fashions on the spine and circulation.

Dr. Harriot Hunt was educated in Boston under the supervision of the British "naturalist" physicians, Dr. and Mrs. Mott. Harriot and her sister, Sarah, built up a successful practice working among women and children, encouraging exercise, good diet and hygiene, and good mental health by providing psychological consultations for women. Sarah married in 1840, and Harriot continued the practice, deciding to expand by organizing the Ladies' Physiological Society. In 1847, Harriot Hunt applied to Harvard Medical School for permission to attend their lectures and was refused. Three years later, with "a desire for medical knowledge" and "an extensive practice among the highly intelligent", Harriot applied once again to Harvard and was accepted by the Dean of Faculty, Oliver Wendell Holmes, who clearly explained that she was to "obtain tickets" to attend the lectures, but could not obtain a medical degree. At the time Harriot Hunt was ill and had to postpone her attendance, but many Harvard students were furious at her acceptance and wrote to The Boston Evening Transcript:

"The Female Medical Pupil-Mr. Editor:-

. . . Allow me to . . . claim space for an insertion of the following series of resolutions passed at a meeting of the medical class with but one dissenting vote, and afterwards respectfully presented to the Faculty of the Medical College.

Whereas, it has been ascertained that permission has been granted to a female to attend the Medical Lectures of the present winter, therefore . . . we deem it proper both to testify our disapprobation of said measure, and to take such action thereon as may be necessary to preserve the dignity of the school, and our own self-respect.

Resolved, That no woman of true delicacy should be willing in the presence of men to listen to the discussion of the subjects that necessarily come under the consideration of the student of medicine.

Resolved, That we object to having the company of any female forced upon us, who is disposed to unsex herself, and to sacrifice her modesty, by appearing with men in the medical room.

Resolved, That we are not opposed to allowing woman her rights, but do protest against her appearing in places where her presence is calculated to destroy our respect for the modesty and delicacy of her sex.

Resolved, That the medical professors be, and hereby are, respectfully entreated to reject forthwith an innovation expressly at variance with the spirit of the introductory lecture, with our own feelings, and detrimental to the prosperity, if not the very existence of the school.

Resolved, that a copy of these resolutions be presented to the Medical Faculty".⁴⁵

This letter resulted in the withdrawal of Harriot's concession to attend lectures at Harvard, and soon after the Harvard Trustees passed a resolution against the admission of women, a policy which remained in force until 1946. Nevertheless, Harriot Hunt regarded the publication of this letter as a "good service to the cause of woman", since with this publication, the students of Harvard, "have elicited discussion, sharpened wit, and called forth satire, and furnished subject for thought".⁴⁶ In January 1853, after eighteen years of practice, Harriot Hunt was finally awarded an honorary medical degree from the Woman's Medical College of Pennsylvania, and because of her devotion to the cause of women in medicine, and her application to Harvard, she earned the title "mother of the American woman physician".⁴⁷

While Hunt was fighting to attend lectures at Harvard, Elizabeth Blackwell was battling to get into other medical schools, and after many rejections was accepted by the Geneva Medical College in upstate New York. The Faculty of the college presented Blackwell's application to the student body for a vote, confident that they would refuse. However, the medical students assumed that the request was a joke, voted for its approval, and two weeks

later Elizabeth Blackwell commenced her medical studies, facing much prejudice and opposition. Blackwell graduated in 1849, the first American woman to obtain a medical degree. Later, she sailed for Europe for two years of advanced study, returning to the United States with a determination to practice medicine and with the belief "that the thorough education of a class of women in medicine will exert an important influence upon the life and interests of women in general".⁴⁸ Elizabeth Blackwell had the help of her younger sister, Emily, in facing the obstacles confronting medical women; in 1852, after being rejected by eleven medical schools, Emily Blackwell was accepted as a medical student at Rush Medical College in Chicago, but her studies ended after a year because of pressure on the college from the state medical society. Emily then entered the Western Reserve Medical College in Cleveland, from which she graduated with honours. After her graduation, Emily travelled to Europe for two more years of training in Edinburgh, London, Paris and Berlin, and on her return to America, Emily joined her sister in the fight to establish a private practice. The two sisters had to overcome great sex discrimination: they were denied access to hospitals and prevented from renting quarters for private or professional use, so Elizabeth began her medical career by building a one room dispensary, which later became the New York Infirmary for Women and Children.

The Blackwells were supported in their endeavours by the German midwife, Marie Zakrzewska, later known as Dr. Zak. Marie Zakrzewska was chief midwife and professor of midwives at Berlin's Charité Hospital. Introduced to the medical profession by her mother, a practising midwife, Marie became a private student under Dr. Joseph Schmidt of the School for

Midwives at the Charité Hospital. With Dr. Schmidt's backing, Zak was appointed chief midwife, but only a few hours after her appointment Dr. Schmidt died, which led to Zak encountering great opposition from jealous colleagues. The opposition became so great that she resigned her post and headed for America, hoping to realize her dream of building her own hospital. Zak spoke only German when she first arrived but with great determination set out to achieve her ambition and open a hospital. On May 15th 1854, Dr. Zak wrote in her journal, "[From today] I date my new life in America", as this was the day she met Elizabeth Blackwell, a woman who shared her dreams and who immediately saw great potential in Zak. Blackwell wrote in her diary: "I have at last found a student in whom I can take a great deal of interest. . . . there is true stuff in her and I shall do my best to bring it out. She must obtain a medical degree . . ."⁴⁹ In 1854, Blackwell arranged for Zak to enter the Western Reserve Medical College, despite her father's intense disapproval - he considered his daughter to be, to use Zak's words, "despising the sphere of women and entering upon a field which so entirely belonged to men". Zak's father expressed his resentments in a letter to his daughter, and after reading this she "resolved to follow [her] father's advice and give up [the] man's sphere".⁵⁰ However, this moment of blurred vision cleared when friends reminded her of her obligation to Elizabeth Blackwell, and in 1856 Zak received her medical degree and set out to help Elizabeth and Emily Blackwell in their work for the advancement of women in medicine.

Dr. Zak's first mission was to rent a suitable office, but this was not easy since her medical degree did not protect her from the discrimination confronting women doctors. Dr. Zak recalls this experience years later:

"I investigated everywhere . . . signs announced, "Parlor to let for a physician." . . . But as soon as it was learned that it was a woman physician who desired the office, I was denied....". However, in spite of all obstacles, the three doctors continued to work with great determination towards the realization of their common dream. They wanted a hospital managed by women and providing care only for women, as they believed that, "the application of scientific knowledge to women's necessities in actual life can only be done by women who possess at once the scientific learning of the physician, and as women a thorough acquaintance with women's requirements - that is by women physicians".⁵¹

The efforts to open the New York Infirmary for Women and Children began with the job of fund-raising. Dr. Zak went to Boston for this purpose and stayed at the home of Lucy Sewall, Louisa May Alcott's cousin, who finally went on to obtain a medical degree and can be considered as among the first to join the cause of the women's medical movement. Ultimately, these three doctors managed, with the moral support of many women and a few men, to establish in 1857 the New York Infirmary for Women and Children, the first hospital ever run entirely by women. Its address was 64 Bleeker Street, and Dr. Zak was resident physician, with Dr. Emily Blackwell in charge of surgical practice. The Infirmary's beds were soon full and it became hard to handle the flow of patients, and not long afterwards a larger building was required to accommodate the rapidly growing number of patients. In 1859, Elizabeth Blackwell found a "spacious house" which she purchased and "adapted to the use of hospital and dispensary, with accommodation for several students".⁵² The Infirmary prospered in all ways, even financially. However, Dr. Zak still wished to make her own mark, and in 1859 left the Infirmary to become the professor of obstetrics at the New England

Female Hospital in Boston, founded in 1848 by Dr. Samuel Gregory, a controversial figure who for years toured the States lecturing on health-related topics. While Gregory believed that male midwives threatened female virtue and therefore provided some female midwives with professional training, he was generally very hostile to the established medical profession, and he soon became very critical of Dr. Zak's work, blocking every attempt she made to improve the school, and denying her requests for thermometers, microscopes and test tubes. Zak's frustration increased and in 1861, she resigned, turning her attention to the founding of the New England Hospital for Women and Children. Again she set out with great deal of ambition, determined that the hospital should attain the highest medical standards, and in 1862 - during the American Civil War - Zak and her supporters (including Drs. S. Cotting, Walter Channing, H. I. Bowditch, Henry E. Clark, and S. Cabot), opened the New England Hospital for Women and Children. Dr. Zak announced the aims of the institution as: "1.To provide for women medical aid by competent physicians of their own sex; 2. To assist educated women in the practical study of medicine; 3. To train nurses for the care of the sick."⁵³ One of her major supporters in this endeavor was Samuel Edmund, a distinguished Bostonian and Lucy Sewall's father, Louisa's uncle. Lucy, who had been among Zak's first students helped also.

Dr. Zak's hospital in Boston, together with the Blackwells' Infirmary in New York, worked in collaboration with another important medical establishment, the Woman's Medical College of Pennsylvania. Philadelphia was home to a large Quaker community, which openly advocated women's rights and supported the cause of women in medicine. Many male

physicians in the city accepted women as private students, but were unable to secure places for their female students in regular medical schools, so in 1850, with the intention of providing a medical education "inferior to none", this small group of men established the Woman's Medical College of Pennsylvania, the first medical college for women. The college began with a faculty of six and a student body of forty, of whom Ann Preston, later to become a pioneer of the profession, was one. Ann Preston began her medical studies the same year Elizabeth Blackwell entered the Geneva Medical School.

Ann Preston's childhood was darkened by the deaths of two sisters and the invalidism of her mother, and this may have been the reason for her great interest in medicine. Ann Preston began by lecturing to women's groups on "Health and Hygiene" (1847), and was always a supporter of women's rights, participating in the abolition and temperance movements. She completed a two-year apprenticeship under the Quaker, Dr. Nathaniel Mosely, and was rejected by four medical colleges before being accepted by the Women's Medical College in 1851. After graduating from the college, Ann Preston continued lecturing on women's health, and her lectures proved very successful. She wrote to a friend in 1853: "My success has been encouraging. I find generous men and noble women ready to assist and encourage me . . . all recognizing that female physicians are a want of the age . . . There is a 'good time' coming."⁵⁴ A year later Preston was appointed Professor of Physiology and Hygiene at the Woman's Medical College of Pennsylvania, and later became the first woman dean. Preston initiated opportunities for practical study for female medical students, and she petitioned the Philadelphia medical schools to allow



women to attend their clinical lectures, "for the purpose of qualifying themselves to practice, more intelligently, the art of healing".⁵⁵ This petition was refused, and she continued to petition until she and thirty of her students were allowed to purchase tickets to clinical lectures at Philadelphia Hospital's Blockley Almshouse. These women were met with great hostility from the male medical students; as one of Preston's students recalls: "We entered in a body, amidst jeerings, groaning, whistlings, and stamping of feet by the men students. . . .On leaving the hospital, we were actually stoned by those so-called gentlemen."⁵⁶ The *Philadelphia Evening Bulletin* confirmed this account of the event by providing its own vivid description of the shameful event:

"Ranging themselves in line, these gallant gentlemen assailed the young ladies . . . with insolent and offensive language, and then followed them into the street, where the whole gang . . . joined in insulting them . . . During the last hour missiles of paper, tinfoil, tobacco-quids, etc., were thrown upon the ladies, while some of these men defiled the dresses of the ladies near them with tobacco-juice."⁵⁷

Dr. Hayes Agnew, Professor at Jefferson Medical College, also fought against co-education at clinical lectures by displaying a nude male patient, which failed to drive the women away but was successful in convincing the board to prevent women students from attending future clinical lectures. Preston agreed that it was right to exclude women when "embarrassing exposure of the person" was involved, but she insisted that "wherever it is proper to introduce women as patients, there also it is but just and in accordance with the instincts of the truest womanhood for women to appear as physicians and students".⁵⁸ This was part of Ann Preston's reply when in 1858, the Board of Censors of the Philadelphia County Medical Society formally denied women membership in any medical society, and

admission to public teaching clinics. The Philadelphia Medical Society passed a resolution asserting :

"Resolved, That, in conformity with what they believe to be due to the profession, the community in general and the female portion of it in particular, the members of this Society cannot offer any encouragement to women becoming practitioners of medicine, nor, on these grounds, can they consent to meet in consultation such practitioners."⁵⁹

Ann Preston wrote in reply to this attack that women now see themselves, "as responsible beings, who must abide by the consequences of our course for time and for eternity, [and] we have decided for ourselves that the study and practice of medicine are proper, womanly, and adapted to our mental, moral, and physical constitution". She continued:

"On behalf of a little band of true-hearted young women who are just entering the profession, and from whose pathway we fain would see annoyances and impediments removed, we must protest, in the sacred name of our common humanity, against the injustice which places difficulties in our way, not because we are ignorant or pretentious, or incompetent, or unmindful of the code of medical or Christian ethics, but because we are women."⁶⁰

It was a long and bitter struggle for women to obtain access to clinical training, and still they were denied postgraduate internships and had to gain such experience in Europe. However, this ultimately worked to their advantage, as the European institutions were more advanced than their American counterparts. Mary Putnam Jacobi was one of those American women physicians whom discrimination at home drove to Europe, but she also wished to raise scientific standards for women at home, by providing better teaching and more clinical training. She graduated in 1863 from the New York College of Pharmacy, and later attended the Women's Medical

College of Pennsylvania from which, due to her previous experience and medical knowledge, she graduated in only one year. She continued her medical studies through an internship under Dr. Zak and Lucy Sewall at the New England Hospital for Women and Children.

Then, in 1866, Jacobi decided that the scientific knowledge she needed was in Paris and so she set out to join the Ecole de Medicine, as she wished to use the knowledge she would gain in the fight against New York's "deficient libraries, badly organized schools and hospitals".⁶¹ After two years of medical studies in Paris, Jacobi passed her examinations with high honors and received the coveted Bronze Medal for her thesis. She returned to America in 1871, and began teaching at the New York Infirmary, and in 1873 she married Dr. Abraham Jacobi, one of the leading pediatricians in the United States. Jacobi set the example for many professional women, as she adhered to the idea of having both a career and a family. In 1872, Jacobi organized the Association for the Advancement of the Medical Education for Women, to serve as a connecting link between American women doctors, and she continued to campaign not only for the elevation of the standards of medical education for women, but also urged medical women to fight against all opposition. In 1883, she addressed the female graduates of the Women's Medical College of the New York Infirmary: "We have not yet reached the time when it will be considered as natural for a family to employ a woman physician as a man; or where the profession of medicine will be evenly distributed between men and women. . . . To bring about this state . . . requires much effort, individual and collective, persistent, patient, far-sighted, indomitable."⁶² Mary Jacobi campaigned

throughout her life for sexual equality in medicine, and saw women make great progress in this profession; she wrote:

"The hostility to women physicians, which had marked every step in . . . our thirty year's . . . has much abated. . . .The habit of consulting women practitioners has been established . . . but the effort to exclude women from the full privileges of the profession still continues. . . . To overcome all this opposition, it is necessary . . . to make persistent application . . . to engage . . . without aid of their stimulus, in the same work in which they are engaged. . . The task is difficult, but it is by no means impossible."⁶³

By the end of the century, women had managed to gain acceptance as physicians and teachers in many male-run hospitals, and, in an attempt to break down the barriers to co-education, a committee of women, including Dr. Zak and Emily Blackwell, raised fifty thousand dollars and offered it to Harvard Medical School, on the condition that women students be accepted. Harvard chose to decline, but John Hopkins University accepted the offer a decade later; once John Hopkins had made this decision, it encouraged others to follow suit, and soon Cornell University's medical school also began to admit women. This led the trustees of the Woman's Medical College of the New York Infirmary to close its doors; Emily Blackwell issued a statement regarding the closure, in which she explained that since, "medical education may hereafter be obtained by women in New York in the same classes, under the same faculty, and with the same clinical opportunities as men", and since "the friends who established, and have supported, the Infirmary and its College have always regarded co-education at the final stage in the medical education of women", it seemed that the work was done.⁶⁴ Meanwhile, with her election to membership of several prestigious medical societies, including the New York Academy of

Medicine and the New York Pathological Society, Mary Putnam Jacobi paved the way for other women to enter the higher echelons of the profession.

These pioneer medical women not only helped to establish prominent female figures in the nineteenth century medical profession, but also helped the progress of women in general. They firmly believed that the development of women doctors was entwined with the development of all women, in all walks of life. Mary Putnam Jacobi helped in establishing the Working Women's Society, and also supported the suffrage movement by publishing an article "Common Sense as Applied to Women Suffrage", and Marie Zak helped found the New England Woman's Club. Conversely, the larger women's movement repaid these efforts of women physicians in many different ways: most significant, perhaps, was the support women physicians received from female fictional writers. This thesis will examine and explain how the works of three influential American women writers helped support and encourage women in medicine. The artistic powers of Louisa May Alcott, together with the bold expressions of Charlotte Perkins Gilman, and the more allusive and symbolic work of Edith Wharton will be discussed, both in order to reveal the artistic abilities of these women, and to analyse the different ways in which they chose to support the efforts of the female physicians of the nineteenth century.

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CHAPTER TWO:
LOUISA MAY ALCOTT AND
THE POWER OF THE FEMALE
HEALER

Louisa May Alcott was born in November 1832, the second child of Amos Bronson Alcott and Abigail May Alcott. Abigail (or Abba) May was born into a respectable and distinguished Bostonian family, but on her marriage she left her comfortable home to share the rather more insecure life of Amos Bronson, the self-taught educationalist and well-known and respected Transcendentalist. At first Abba shared her husband's transcendental ideals and supported his impractical plans, but gradually she grew cynical about his philosophy, realizing that his dreams were in constant conflict with his financial obligations as a father and husband. "I do wish people who carry their heads in the clouds would occasionally take their bodies with them", she wrote, voicing her frustration with her husband's ideas and with their harsh poverty, of which only their daughter, Louisa, was to relieve them.¹

Louisa Alcott grew up in Concord, Massachusetts, under the strict moral code of her father and in the constant companionship of her father's friends - a group which, despite the family's frequent financial difficulties, included some of America's greatest thinkers: Margaret Fuller, Henry David Thoreau, Ralph Waldo Emerson, and Nathaniel Hawthorne. As a child, Alcott did not embody her father's idea of femininity, nor did she conform to the general expectations of nineteenth century womanhood. Amos Bronson found Louisa too fierce and aggressive, thinking her too undisciplined, "pursuing her purposes by any means that will lead to her attainment", and believing that she had inherited her mother's bad temper.² Bronson wrote of Louisa and her mother as, "Two devils, as yet, I am not quite divine enough to vanquish - the mother fiend and her daughter", and he greatly favoured the more submissive and docile Anna, Louisa's eldest sister.³ Aware of her father's distaste for her personality, Alcott was

always troubled and "ashamed" of her "bad tongue and temper", but found comfort and emotional satisfaction with her equally powerful and wilful mother. She wrote in her journal: "People think I'm wild and queer; but mother understands and helps me."⁴ Both Alcott and her mother were productive, active beings frustrated by the limitations their society placed on women; Abba was forceful and ambitious, yet she had absorbed nineteenth century ideas of female self-sacrifice and taught her daughters to struggle and repress their anger in the name of duty. It was most difficult for Louisa to control her moody character, and so Abba shared Louisa's struggles with depression and bitterness. Alcott's journal is full of her mental and moral struggles, and her attempts to control her unacceptable behaviour, and it is this inner conflict which seems, at least in part, to have first inspired her to write: "I don't talk about myself; yet must always think of the wilful, moody girl I try to manage, and in my journal I write of her to see how she gets on."⁵

Against this background and with a guilt-driven conscience, from adolescence Alcott found herself obliged to provide for members of her family, and it became her "long-cherished dream" to comfort and financially support them. Alcott particularly wanted to relieve her mother of poverty and hard work, and by the age of forty, despite her chronic ill health, she managed to fulfil her ambition. She began by supporting her family through different kinds of employment, including teaching, sewing, acting as a domestic companion, a Civil War nurse, and, most successfully of all, as the author of *Little Women* (1868-9), her fictional portrayal of her family and the source of her fame and financial security. However, Alcott's obligations as a dutiful daughter were not the only motives

inspiring her to work; her love for work itself was the primary motivation - she wrote, "Work is and always has been my salvation and I thank the Lord for providing it."⁶ Alcott's most significant attempt to fulfil her desire for work was her short lived period as an army nurse during the Civil War; she had always been suspicious of married life and frustrated with the feminine role, and never thought she could find fulfilment in such a life, longing instead for action and adventure in her spinsterhood. She wrote in her journal: "I've often longed to see a war, and now I have my wish. I long to be a man; but as I can't fight, I will content myself with working for those who can."⁷ As a result of this desire, Alcott answered the call for nurses made by Dorothea Dix on June 10 1861. Dix had been appointed first supervisor of nurses in America and required strong, industrious, sober women to work under her supervision. These women needed two recommendations attesting to their excellent morals, and were offered forty cents a day and free transportation to and from their assigned hospital.

Alcott's recommendation came from Hannah Stevenson, a well-known Boston reformer in charge of the nurses at Armory Square Hospital in Washington, and in December 1862, she set off with great excitement and anxiety. Driven by her strong love for an active life, patriotic zeal and her anti-slavery convictions, Alcott joined the nurses in Union Hotel Hospital at Georgetown, Washington, where she attended to the wounded soldiers, dressed wounds, changed bed linen and pillows, and sponged and bathed the men, spending her evenings reading and writing letters for the soldiers. This was Alcott's first contact with the male body, described by her biographer, Martha Saxton, as a "quick and shocking introduction to male

anatomy".⁸ Despite the hospital's bad lighting, poor ventilation and diseased atmosphere, Alcott was content with her long, hard hours of work. While at the Union Hospital she wrote in her journal, "I never began the year in a stranger place than this: five hundred miles from home, alone, among strangers, doing painful duties all day long, and leading a life of excitement in this great house, surrounded by three or four hundred men in all stages of suffering, disease and death. Though often homesick, heartsick, and worn out, I like it, find real pleasure in comforting, tending and cheering these poor souls . . ."⁹

Alcott's experience as a nurse was a very significant period of her life, providing her with the variety and extremity of experience for which she had been seeking in order to enhance her creative writing. However, this period also marks the beginning of the chronic ill health that was to haunt her for the rest of her life. After only three weeks at the Union Hospital she contracted typhoid, which drove her from her post and left her with shattered nerves and a damaged constitution. This was largely due to the medication she received; for the pain, fever, coughing and dizziness associated with typhoid she was given calomel, a mercury compound used as an emetic. Calomel was very popular at the time and was frequently given in enormous doses for fevers, bronchitis, inflammations and other similar diseases, but had both long term and short term side-effects. The short term side effects were sore gums, loss of teeth, hair and voice and in the long term the patient was faced with a deteriorating life, marred by weakness, rheumatic pains, and delirium. Nevertheless, the medical profession favoured its use and continued to employ it until 1863, when Surgeon General William Hammond banned it completely. Alcott never

recovered from the poisonous side effects of the drug, and her active life and stamina was never the same again; she wrote, "I was never ill before this time, and never well afterward."¹⁰

During her convalescence, Alcott went into a delirium and experienced strange hallucinations, which, as her biographer Martha Saxton explains, are an indication of the enormous jolt on her nerves, and which also later served as a source for her writing. It is impossible to estimate accurately how much her nerves had been affected, "But if the fear released in her delirium is any indication, it must have been enormous."¹¹ In her journal, Alcott gives an account of these "fancies", recalling that, "the most vivid and enduring was the conviction that I had married a stout, handsome Spaniard, dressed in black velvet, with very soft hands, and a voice that was continually saying, 'Lie still, my dear!' This was Mother, I suspect; but with all the comfort I often found in her presence, there was blended an awful fear of the Spanish spouse who was always coming after me, appearing out of closets, in at windows, or threatening me dreadfully all night long."¹² This dream becomes an interesting source of Alcott's thrillers to be discussed later in this chapter.

With all its negative aspects, Louisa's nursing experience enabled her to write about "men and reality", and in 1863 she published *Hospital Sketches* which marks the beginning of her career as a professional writer. The text is a well-written account of women's involvement as nurses in the Civil War, and Bessie Jones claims the work to be "one of the most illuminating accounts we have of hospital practices in the Civil War and of the unprecedented work of women in it".¹³ With a combination of humour and

realism the work exposes the hardships faced by women as Civil War nurses, and also records in fiction the reality of the attempt made by the American medical world to ignore and exclude women from the profession by exposing them to unbearable working conditions. When the Central Association of Relief, one of the first women's organizations, offered its services, the reply was: "The United States Medical Bureau is a well organized, thoroughly tried, and hitherto wholly successful department of the United States government, and any attempt to interfere with its methods would only cause confusion."¹⁴

The United States was slow in accepting nurses professionally; nursing was traditionally the practice of nuns and charity groups, and women were only permitted to serve as nurses in the Civil War when conditions in the hospitals were desperate. Dorothea Dix was the first supervisor of nurses in the nation's history, and she worked under difficult and strenuous conditions: each nurse was responsible for ten patients - his bedside care under the physician's orders, his clothing, bathing and diet; head nurses were responsible for beds, bed pans, urinals, sanitation and ventilation; subordinate nurses, in addition to their regular duties, also read to, amused and wrote letters for patients.

Alcott's experience as an army nurse is not the only evidence of her continuously evolving feminist spirit, as she showed great sympathy for the emancipation of women in all its forms. She was an advocate of the women's suffrage movement, and "was the first woman to register [her] name as voter".¹⁵ She often wrote in defence of the spinster, who like herself preferred work and liberty to marriage and motherhood. Society

ridiculed the unmarried woman, thought of her as eccentric, incomplete, odd and even disgusting. Such women were viewed as weak and defenceless because they lacked male protection, and the medical world confirmed such views by encouraging marriage and motherhood as therapy for these "odd" women. Alcott wrote an article, "Happy Women" (1868), in which she spoke of all "the busy, useful, independent spinsters", to whom "liberty is a better husband than love".¹⁶ However, although Alcott valued her spinsterhood, she could not escape its limitations and, "Her satisfactions grew increasingly scarce because of poor health, family duties, and the suffocating limitations attached to the phrase 'old maid'."¹⁷

Alcott's feminist convictions inspired her support of the higher education of women, and she had also a keen interest in the progress of women within the medical profession. Martha Saxton, confirms her subject's interest in medicine, asserting that, "Since her nursing experience, Louisa had become deeply interested in women's expanding role in the medical profession."¹⁸ This interest was also stimulated by her close relationship with her cousin Lucy Sewall, who delivered Alcott's niece. Lucy Sewall was inspired by the famous Polish doctor Marie Zakrzewska, founder of the New England Hospital for women in Roxbury; in 1856 Dr. Zakrzewska visited Lucy's family and encouraged by her, Sewall began residency in Roxbury in 1863, and later became a doctor. Lucy Sewall's father was the director of Boston's Female Medical College from 1850-56 and its trustee from 1856-62; with his help, and that of Dr. Henry Ingersol Bowditch, "Boston was relatively more hospitable to women's medical education than most cities."¹⁹

Alcott also helped support financially her two friends Henrietta Joy and Dr. Rhoda Ashley Lawrence in establishing a boarding house for unwell women like herself. At first she considered her support of Dr. Lawrence as a business "investment": in a letter to her uncle, Samuel Sewall, in 1875 Alcott wrote, "Miss Henrietta Joy & her sisters have bought a house on Warren St. Roxbury where they take boarders & the patients of Dr. Lawrence, the married one. They want to have 3 or \$4,000 to pay the first installment of the price, which must be done on *Friday next*. I should like to lend them this sum, as my new book will be very profitable, and the house is just the place many of us used up people need to go to for repairs. Mrs. L. offers as security either her note which her life insurance will pay, or a second mortgage on the house which costs twelve thousand."²⁰ This place became invaluable to Alcott during her convalescent periods in later years, and Dr. Lawrence subsequently took total charge of her health. This was apparently so valuable that Alcott later relieved Dr. Lawrence of her debt; writing in 1888 to John Pratt Alcott, she instructed him to, "take out *Dr. L's note for \$1000* and send, or bring, it to me . . . [as] I don't want the money, & the interest goes towards my bill so its all right. I shall never ask for it, & if I die I want the note destroyed so she need never be called on for the money. *You make note of that & see* it's done. She has been so kind to me it would be the right thing to do."²¹

These biographical details are significant since they reveal Alcott's interest in medicine and her commitment to women doctors. Even though, during her diseased life, she tried all possible cures, from cold baths to the popular mind cure, she never found complete relief, she did find comfort in women doctors and continued to believe in them. After a visit in 1881 to the New

England Hospital for Women and Children, Alcott wrote to the *Woman's Journal* in support of this institution, which was the only place where women could get practical hospital experience as nurses and doctors at that time; she strongly believed that, "Only women could so perfectly understand the needs of women and minister to them with such tender skill and sympathy in their time of trial."²² It is, therefore, not surprising to find in Alcott's fiction a reflection of her interest in medicine and her great sympathy for the female doctor.

The strongest fictional representation of the female doctor in Alcott's fiction is found in her final novel *Jo's Boys*, which chronicles the adventures of the March family and in which the protagonist, Jo, and her professor run a co-educational college. Published in 1886, two years before the author's death, the novel conveys Alcott's commitment to the women's emancipation movement, and her support of the emergence of the female doctor. It is in the portrayal of the character Nan, a model of the educated "new woman", that Alcott reveals her greatest sympathy; Nan is a young doctor devoted to her work and to her advanced views of health reform. She is an "ambitious" woman "full of energy", which is all directed to her "chosen work", and she does not waver from her purpose despite the continuous pleas of her suitor Tom. She knows that what she wants is not a "family to fuss over" but "an office, with bottles and pestle things in it, and drive round and cure folks".²³ Nan fulfils her desire and dedicates her life to curing "folks".

This novel is very significant in exposing some of Alcott's ideas on women and medicine. Nan's choice of a career in medicine is encouraged by Mrs.

Jo, Alcott's surrogate in the novel, as the latter firmly believes that this is far more important than any romance with Tom: Mrs. Jo states "decidedly" - "That girl's career shall [not] be hampered by a foolish boy's fancy. In a moment of weariness she may give in, and then it's all over. Wiser women have done so and regretted it all their lives. Nan shall earn her place first, and prove she can fill it; then she may marry if she likes, and can find a man worthy of her."²⁴

Nan does "earn her place" as the sole medical figure in the novel, and although it concludes with several weddings, Nan remains a "cheerful, independent spinster", completely dedicated "to her suffering sisters and their children, in which true woman's work she found abiding happiness".²⁵ Nan also defeats her male medical rival in the novel, who by the end has decided to give up medicine and turn to his father's business; Tom's interest in medicine is thus shown to be merely the result of his romantic interest in Nan, and once he falls in love with Dora - described by Nan as "a nice little thing" - who is able to admire and appreciate him, he gives up any idea of practising medicine, leaving Nan the only competent medical figure in the novel. Nan is happy and relieved to hear of this match - particularly as she believes Tom, "not fit for the profession" of medicine - and decides to give the couple "a family medicine-chest for a wedding-present, and teach her how to use it".²⁶

Alcott presents Nan as the capable medical figure, and in one scene she assumes authority over Tom. Nan removes a splinter from Tom's hand "with great skill", and while Tom's response to this attention is affectionate and tender, Nan maintains a stern professional attitude. Thus the scene

portrays Nan as conducting herself as a professional doctor, immune to the sentiment displayed by her male patient:

"Do I hurt you?" she asked turning the hand to the noonlight for a better view.

"Not a bit; dig away; I like it," answered Tom..

"I won't keep you long."

"Hours, if you please. Never so happy as here."

Quite unmoved by this tender remark, Nan put on a pair of large, round-eyed glasses, saying in a matter-of-fact tone: "Now I see it. Only a splinter, and there it is."

"My hand is bleeding; won't you bind it up?" asked Tom, wishing to prolong the situation.

"Nonsense; suck it. Only take care of it tomorrow if you dissect. Don't want any more blood-poisoning."²⁷

Alcott includes another incident in order to reveal Nan's medical skill, this time a more serious case again involving a male patient. The patient is a young boy, Rob, who has been bitten by a dog and Nan is summoned. Her immediate diagnosis is that the dog might be "sick", but, as there is no time to find out, she acts on the assumption that he is and decides to burn the wound. She says, "Rob, there is one thing to do for the sake of safety, and it must be done at once. We can't wait to see if Con is [sick] or to go for a doctor. I *can* do it, and I *will*; but it is very painful." The use of italics affirms Nan's medical capability, and, "Armed with the red-hot poker [and] a pitcher of ice-water . . . Nan went back to the barn ready to do her best in her most serious 'emergency case'."²⁸

Nan's ability is confirmed by the marked contrast of her assertive behaviour with that of Ted, her male assistant, while attending to Rob's injury. Kneeling beside the patient in order to be ready to help Nan, he was "while as a sheet, and as weak as a girl . . . when Nan looked to her

assistant to hand the water, poor Ted needed it the most, for he had fainted away, and lay on the floor in a pathetic heap of arms and legs". Meanwhile, Nan rises to the occasion: "Nan bound up the wound with hands that never trembled, though great drops stood on her forehead; and she shared the water with patient number one before she turned to patient number two."²⁹

Inevitably, perhaps, Nan holds many "advanced ideas about all reforms", and is a fierce advocate of women's suffrage: "The women of England can vote and we can't. I'm ashamed of America that she isn't ahead in *all* good things."³⁰ Her views are shared by Mrs. Jo, who advocates education for her young girls, and gives, "lectures on health, religion, politics, and various questions in which all should be interested".³¹ In one particular conversation, in response to the questions of one medical student, Miss Winthrop, Mrs. Jo voices some of Alcott's own views on women in medicine. The girl is fearful that, as many have suggested to her, medical education may ruin her health, making her nervous and exhausted. Mrs Jo replies:

"No one objects to plenty of domestic work or fashionable pleasure, . . . the minute we begin to study, people tell us we can't bear it, and warn us to be very careful. I've tried the other things, and got so tired I came to college; though my people predict nervous exhaustion and an early death. Do you think there is any danger?" asked a stately girl, with an anxious glance at the blooming face reflected in the mirror opposite.

"Are you stronger or weaker than when you came two years ago, Miss Winthrop?"

"Stronger in body, and much happier in mind. I think I was dying of ennui; but the doctors called it inherited delicacy of constitution."

"Don't worry, my dear; that active brain of yours was starving for food; it has plenty now, and plain living suits you better than luxury and dissipation. It is all nonsense about girls not being able to

study as well as boys. Neither can bear cramming; but with proper care both are better for it; so enjoy the life your instinct led you to, and we will prove that wise headwork is a better cure for that sort of delicacy than tonics, and novels on the sofa, where far too many of our girls go to wreck nowadays. They burn the candle at both ends; and when they break down they blame the books, not the balls. . .

"Dr. Nan was telling me about a patient of hers who thought she had a heart-complaint, till Nan made her take off her corsets, stopped her coffee and dancing all night, and made her eat, sleep, walk, and live regularly for a time and now she's a brilliant cure."³²

My analysis of Louisa May Alcott's short fiction focuses on her recently discovered thrillers, in which she portrays strong, powerful, manipulating heroines, capable of mind control and even murder. With the recent publication of these tales, America has learned that the exemplary spinster who wrote *Little Women* led something of a "double life". These stories, with their Gothic overtones and familiarity with the world of darkness, were published pseudonymously or anonymously between 1863 and 1869 in popular periodicals including *Frank Leslie's Illustrated Newspaper*, *The Flag of Our Union*, and the *Ten Cent Novelette Series*.

The original discovery of Alcott's anonymous tales was made by Leona Rostenberg in 1943 and the first volume of these thrillers was published in 1975, edited by Madeline B. Stern. It was through Alcott's journal entries that scholars were led to link Alcott with the tales: in August 1863, she wrote in her journal: "Leslie [Frank Leslie, publisher of periodicals] sent \$40 for "A Whisper In The Dark", & wanted another - sent "A Pair Of Eyes"."³³ Such journal entries coupled with the Leslie correspondence, which supplied the responses to the Alcott journal entries led scholars to the confirmation of the authorship of these tales. In an undated letter, the

editor of *Frank Leslie's Illustrated Newspaper* wrote to Alcott : "Mr. Leslie informs me that you have a tale ready for us, and for which he has already settled with you by check. Will you be kind enough to let us have it at the earliest moment in your power."³⁴

Many of Alcott's stories were of a sensational nature, like the stories written by the first-person narrator of *Little Women* (1869), Jo March. Jo continues writing this type of fiction, despite Professor Bhaer's advice to desist: "I do not like to think that good young girls should see such things. They are pleasant to some, but I would more rather give my boys gunpowder to play with than this bad trash." However, Jo replies: "All may not be bad - only silly, you know; and if there is a demand for it, I don't see any harm in supplying it. Many very respectable people make an honest living out of what are called sensation stories."³⁵ Moreover, her writing has a very practical, positive value, as she uses the money she makes to help cure her invalid sister, Beth. Jo invests her prize money to send Beth and Marmee to the seaside, viewing this as a kind of cure for her sister and a relaxing time for her mother. "Hurrah for Dr. Jo, who always cures her patients!", says her sister, and on their return, Beth is much improved, and Marmee feels ten years younger.³⁶

There are many autobiographical elements connecting Alcott's love for writing lurid tales to that of Jo March:

Every few weeks [Jo] would shut herself up in her room, put on her scribbling suit, and 'fall into a vortex' . . . When the writing fit came on, she gave herself up to it with entire abandon, and led a blissful life, unconscious of want, care, or bad weather, while she sat safe and happy in an imaginary world, full of friends almost as real and dear as any in the flesh. Sleep forsook her eyes, meals stood untasted.

. . . The divine afflatus usually lasted a week or two, and then she emerged from her 'vortex' hungry, sleepy, cross, or despondent.³⁷

Similarly, Alcott understood that her "ambition" was for the "lurid style", but she also realized that to "inscribe" such "gorgeous fancies" upon her writing and "set them before the public" would only "interfere with the proper grayness of old Concord". She respected the fact that, "The dear old town has never known a startling hue since the redcoats were there. Far be it than me to inject an inharmonious color into the neutral tint. . . . And what would my own good father think of me. . . . if I set folks to doing the things I have a longing to see my people do? No I shall always be a wretched victim to the respectable traditions of Concord."³⁸

These tales not only reveal the author's own personal interest in medicine and her frustrations with the dominance of male physicians, but also show her remarkable talent for weaving her ideas implicitly into her fiction by creating a heroine, not sick and suffering under the physician's hands, but in control of herself and others. In "A Whisper In The Dark", for example, Alcott skilfully indicates the injustice of medical practice, identifying the perception that female anger and passion were ample causes for the incarceration of women by the medical man. It is clear that Alcott understood that any woman interfering with the respectable codes of Victorian society, including herself, would be seen as of a "startling hue". Alcott, like many other nineteenth century women, was susceptible to the power and influence of respectable traditions, and had to find ways to confront them indirectly. Any actions other than those regarded as respectable could easily be defined as symptoms of mental instability or

madness, and thus could subject women to the strenuous and mentally frustrating therapeutics of nineteenth century medicine.

"A Whisper In The Dark" (1863) is the story of an orphan child, Sybil, living under the care of an uncle who intends to make her the victim of a scheme to ensure his fortune, by marrying her to his son Guy, the reluctant co-conspirator. Sybil falls in love with her cousin, but when she learns that her uncle has kept from her the fact that she is not required to marry Guy by the terms of her father's will, she turns manipulator and plotter herself, deciding to play Guy against his father and provoke the former into jealousy and love. When, however, Guy walks out and her uncle proposes marriage, Sybil realizes that her plan has failed and falls into a rage which her uncle's physician, the evil Dr. Karnac, labels as madness. It is in this situation that the uncle finds an opening for himself in the doctor's claim: since Sybil has now refused him as a husband, he can only ensure his fortune if she is declared mad, and he therefore conspires with Dr. Karnac to commit her to an institution.

The story is in every sense an indictment of masculine power over women, with the male physician at the centre of the power nexus. "A Whisper in the Dark" is the second of Alcott's thrillers, published anonymously in 1863, but she did finally acknowledge authorship, and it was reprinted with a *Modern Mephistopheles* in 1877. The tale is rich in themes and motifs of nineteenth-century women's literature and it is surprising that it has scarcely been critically analysed. To my knowledge the only conclusive analysis of the story is Lynette Carpenter's recently published article, "'Did They Never see Any one Angry Before?': The Sexual Politics Of Self-

Control In Alcott's 'A Whisper In The Dark', but now that the story is included in Glennis Stephenson's anthology, *Nineteenth-Century Stories by Women* (1993) it should receive more attention from scholars.³⁹ Carpenter reads the story as "a battleground not only for its characters but for its author as well"; as Alcott continuously struggled to suppress and control her bad temper, Sybil's expression of anger and her subsequent punishment reveal the consequences of the loss of self control. Carpenter reads the story's moral as being in accord with one of Abba Alcott's guidelines, "Rule Yourself", with the implicit warning that if you do not rule yourself you will be ruled by others.⁴⁰

In the first part of the story, Sybil is introduced as a "frank, fearless creature, quick to feel, speak and act", a "headstrong creature" of seventeen, who is very aware of her beauty and charm and the power of such beauty in helping her to fulfil her desires.⁴¹ Her frequent observation of herself in the mirror is an elaborate indication of Sybil's vanity, as she is very impressed by her "little figure, slender, yet stately". During this observation the element of beauty most emphasized is Sybil's "blond hair, wavy and golden", which is first described as "gathered into an antique knot of curls behind, with a carnation fillet", but later becomes "unruly", and finally, when she is incarcerated, disappears altogether.⁴² In the first two references, Sybil's hair is symbolic of her energetic sexuality; she is a girl of seventeen, at a critical age and stage in her development, and in the narrative, there are many marked sexual and incestuous connotations. There is certainly a mutual attraction between Sybil and her uncle; she is "most attracted" to him, describing him as "a handsome man", bearing "much to interest a girl of seventeen".⁴³

However, Sybil's childish and essentially innocent flirtations, together with her intentions in "coaxing" her uncle, unwittingly subject her to complete male dominance: "I became aware that he was observing me with a scrutiny as keen as my own; but I smilingly sustained it, for my vanity was pleased by the approbation his eye betrayed." Working from this awareness, Sybil resolves to coax her uncle with her charm and beauty: "I put my arm about his neck, kissed him daintly, and perched myself upon his knee with most audacious ease." It is clear from the words describing Sybil's action that what she intended was a very childish and innocent flirtation, yet these actions are returned by her uncle's warm "salute on lips, cheeks, and forehead", and his complete physical dominance over Sybil, who struggles for her freedom but is denied. "Not yet, young lady", the uncle vehemently replies to Sybil's cry for freedom, "You came here for your own pleasure, but shall stay for mine, till I tame you as I see you must be tamed. It is a short process with me and I possess experience in the work." Sybil reacts with ambivalence to her uncle's control, feeling "perfectly powerless" and "mastered", yet at the same time conscious of a feeling of "fear yet fancy" towards this man, an indication of her still under-developed sexual knowledge and identity.⁴⁴

The conclusion of this scene between the uncle and Sybil further reveals the sexual dimension of their relationship and the former's true nature and intentions - that he is prepared to seduce his niece by any means, and that sexual domination is only the least subtle of his various methods to make women subservient and useful to him. For her uncle then drugs Sybil with narcotic cigarettes; she describes how the "narcotic influence of the herbs

diffused itself like a pleasant haze over all my senses; sleep the most grateful, fell upon my eyelids, and the last thing I remember was my uncle's face dreamily regarding me through a cloud of fragrant smoke".⁴⁵ The sensual undercurrents within this scene cannot be ignored, as Sybil is left in a position of complete vulnerability and helplessness, with the suggestion that the uncle now has complete freedom and power over her body, which becomes of great significance in the second part of the narrative when Sybil is confined to the madhouse.

It seems plausible to suggest that the story presents Sybil's complex character as caught in a continuous conflict between her individual behaviour and the cultural norms of nineteenth-century America. Her behaviour as the "wilful" Sybil at the beginning of the story may be considered as strong, and slightly unacceptable, but it is not defined as diseased until Sybil refuses her conventional social role of obedience and shows complete defiance, revealing alternative elements within the female personality. In the first part of the narrative, even though Sybil expresses her awareness of her beauty in many ways, she does not reveal a complete disregard of masculine power: she is still in the taming process - as we have seen, she struggles against her uncle - but ultimately she submits. She is thus presented as the feminine, fragile, object and great emphasis is placed on her appearance; she is referred to as "mistress" and "ornament", and is clearly regarded as an object to be experimented with, and it is only when she fails to comply with this male-defined role that she is subjected to confinement and the machinations of the sinister Dr. Karnac. The doctor's therapeutics are presented as a means of attempting to return Sybil to her ornamental position, by sedating and finally crushing her strong will and

potential for self-fulfilment. The reiteration of the word "ornament" in the first section confirms this reading, as it is used to describe Sybil's dress which was "ornamented with lace and carnation ribbons which enhanced the fairness of neck and arms"; and later by Guy, who wishes, in his words, to "inspect [their] new ornament".⁴⁶

Even though Sybil is at times outspoken and fearless, from the beginning she continuously tries to control her actions, aware that allowing her personality full rein may bear consequences. It is even possible that Dr. Karnac's immediate appearance within the narrative, and Sybil's knowledge of him, suggests that she at least partially understood that the possible consequences might include subjection to medical authority. Sybil certainly tries to control her anger in more than one situation, until her sense of helplessness and frustration with male dominance and power reaches its peak. When she finally reads her father's will, and suddenly realizes that the will does not give her the right to refuse her engagement, her "sense of helplessness" forces her to forget her "studied calmness". She still attempts to control her "roused" spirit, but fails when, eavesdropping, she hears her uncle lying to his son, Guy, telling him that she does in fact have the right to refuse the engagement. In speaking out, and accusing her uncle of dishonesty, Sybil realizes that she has been "careless of consequences". By eavesdropping, she has committed a "dishonorable" act which, together with her frank expression of anger, subjects her to Dr. Karnac's authority. In expressing her frustration with her dead father in unfairly choosing a husband for her, Sybil's defiant nature reaches a peak; she declares, "No! I'll not be bargained away like a piece of merchandise, but love and marry when I please!"⁴⁷

Sybil's conduct reveals her as an emerging "New Woman" with her demands for independence and autonomy, and her uncle immediately realizes that she must be controlled. "At this declaration of independence my uncle's face darkened ominously, some new suspicion lurked in his eye, some new anxiety beset him; but his manner was calm, his voice blander than ever as he asked, 'Is there someone whom you love? Confide in me, my girl?'"⁴⁸ The uncle's "new suspicion" and "anxiety" is not, in fact, whether she is in love with someone else, but proves to be rather more "ominous" - that because she has so behaved in such an unacceptable way, she may be mentally unstable. His own "love" for Sybil is, as she suspects, clearly "feigned", for he becomes quickly convinced that a stronger authority is needed to control her - hence Dr. Karnac's appearance in the story so shortly after Sybil's "declaration of independence". The most effective way to hamper Sybil's independence is to declare her mad, which is easy since Sybil has already shown signs of disorderly conduct.

Dr. Karnac's diagnosis of Sybil's anger as madness reveals him as a representative of the methods and practices of many late-nineteenth century physicians. While the reader is able to interpret Sybil's infatuation with her body and her continuous searching for mirrors as a symbolic gesture of a search for self, Dr. Karnac, like many physicians of the time, regards this as dangerously narcissistic and suggestive of an oversexed nature, believed to be common among hysterical women. The feminist critic Carroll Smith-Rosenberg affirms that many nineteenth century doctors complained that hysterical women were extremely egocentric and described them as narcissistic; and that "virtually all physicians agreed that even within

marriage, sexual excess could easily lead to hysteria".⁴⁹ Evidently, it is Sybil's free expression of anger, coupled with her innocent flirtations, that Dr. Karnac decides are symptoms of madness.

Sybil's subjection to medical authority and wrongful confinement alter both the course of the narrative and Sybil's development. When Sybil dismisses her uncle's confession of love - a covert attempt to control Sybil - and refuses his marriage proposal by flinging the "glittering betrothal ring" across the room, she then throws a "tantrum", believing this to be "the most energetic emphasis [she] could give to [her] defiance".⁵⁰ However, immediately the great masculine authority, Dr. Karnac, appears, with no previous introduction, to witness the tantrum and he declares Sybil mad, attempting to control her by confinement and tonics, the basis of many nineteenth century therapeutic regimens. As previously mentioned, I find it interesting and significant to the development of the narrative and to Sybil's development that Dr. Karnac appears shortly after her "declaration of independence". What follows is a more emphatic symbol revealing what Karnac will now do to Sybil's emerging self: when Sybil flings the ring and causes the "the great mirror" to shiver into "several loosened fragments crashing to the floor", Dr. Karnac's exclaims, "Good heavens! Is this young lady mad?", suggesting that as the mirror, the means by which Sybil searches for her inner self, falls into fragments, so will the influence of Dr. Karnac soon shatter Sybil's development and her emerging self.

Sybil's relationship with the sinister Dr. Karnac and her struggle against his authority is suggestive of the essential nature of the doctor-patient relationship in the nineteenth century. Dr. Karnac not only reduces Sybil to

an infantile position, but also attempts to sedate her with many tonics - reminiscent of the uncle's methods of sexual domination. Once Sybil moves from her uncle's care to that of Dr. Karnac, the doctor becomes the sole authority over Sybil, yet she does not immediately submit to medical diagnosis and treatment. Instead, recognizing her uncle's and Dr. Karnac's conspiracy against her, she runs in the hope of obtaining help from her beloved Guy, but her escape fails and she is soon seized: "Dr. Karnac reached me first, took me up as if I were a naughty child, and carried me back through a group of staring servants to the drawing room." Sybil is now completely infantilized by the medical man and must submit to his commands, but she continues to defy medical authority in refusing to drink the "quieting draft" provided by the physician, and by disposing of "the glass the doctor offered into the fire". At this, the doctor, with a "disagreeable smile", prepares another draft, insisting that "my dear young lady; you need much care, and should obey, that your uncle may be spared further apprehension and anxiety". It is clear then that the doctor is concerned only with the well-being of his male accomplice, an implicit statement revealing that medical practices were intended to reinforce male attitudes and ideas about women, and to enforce female obedience and submission. Sybil does not submit, and realizes that the doctor's judgment of her health is inappropriate: "I am the best judge of my own health, and you are not bettering it by contradiction and unnecessary fuss. This is my house, and you will oblige me by leaving it, Dr. Karnac; this is my room, and I insist on being left in peace immediately." In stating her desire to take charge of her own body, health and mind, Sybil has expressed the unspoken wish of many nineteenth century women; but, inevitably, her refusal of Dr. Karnac's treatment subjects her to solitary confinement within the home.

Dr. Karnac sees her behaviour as "virulence", and leaving, locks the door and "dexterously" removes the key. From this point on, Dr. Karnac uses all his dexterity to control his defiant patient by confining her, and by allowing the deleterious effects of confinement to lead her to real illness and utter subjection.⁵¹

Dr. Karnac's first attempt to confine Sybil fails and she reacts with aggression rather than depression to her unjust treatment - she leaves her room by the window and "boldly" confronts both the physician and uncle with the command: "I wish the key to my room." Startled at the sight of her, the uncle expresses his astonishment by exclaiming, "How in heavens name came you out?" Sybil's reply is an indication of her rejection of the infantilization of Dr. Karnac and of his practices: "I am no child to be confined for a fit of anger. I will not submit to it; tomorrow I shall go to Madame; till then I will be mistress in my own house. Give me the key, sir." However, the wilful Sybil is again tricked by her uncle, who sends her a glass of wine containing a draft prepared by the physician to sedate her; she drinks the wine and wakes to find herself in a madhouse. She realizes then that she is completely helpless, and for the first time feels "the paralyzing touch of fear".⁵² She tries to understand the reasons for her confinement, for she does not see herself as ill: "How can I be ill and not know or feel it?" she demands to know from her keeper Hannah, who answers: "You look it, and that's enough for them as is wise in such matters." Hannah's statement shows that many nineteenth century physicians based their diagnosis of women's mental disorders on women's physical actions. Even though Hannah might be expected to sympathize with her female counterpart, she is still presented as the enforcer of male

medical authority, carrying out Dr. Karnac's orders rather than helping the female sufferer. Sybil is slowly and subtly being driven to madness, "feeling pitifully broken, both mentally and physically", "utterly deserted and forlorn, . . . strength gone, freedom lost", she continued to live "letting one day follow another without energy or hope".⁵³

Like many nineteenth century women, Sybil now responds to medical authority with depression rather than aggression, imprisonment taking its toll on her physical and mental health. Sybil's experience shows, as Lynette Carpenter confirms, that "it is terrifyingly easy to make a woman appear mad by driving her to illness and despair and then authoritatively describing her as insane".⁵⁴ Dr. Karnac now has complete power over Sybil, and the once defiant creature is now subdued: "I was so changed that I feared him with a deadly fear. He seemed to enjoy it; for in the pride of youth and beauty I had shown him contempt and defiance at my uncle's, and he took an ungenerous satisfaction in annoying me by a display of power."⁵⁵ Sybil's experience has affected her emergence as a powerful woman, because power remains in the hands of patriarchy. She now realizes that it is her defiance and rebellion which have subjected her to confinement and the therapeutics of Dr. Karnac.

He, regarding Sybil "without sense or will" and with "a hateful smile", forces her to try his "various mixtures" and subjects her to "experiments in diet", giving her "strange books to read". Here Alcott gives a clinical account of Sybil's treatment by the doctor, the narrative voice becoming more assertive as the description of the treatment becomes increasingly negative, as Sybil is shown to be completely in his power. The critic

Elizabeth Ammons has identified the complicated themes of women writers of the period as conflicting and constantly shifting, but she asserts that they "finally interlock in their shared focus on issues of power".⁵⁶ Sybil's realization of this finally leads her back into the proper sphere of marriage and childrearing at the end of the story, for she recognizes that she has lost the power struggle.

It is significant to note the resemblance of Alcott's heroine to Charlotte Perkins Gilman's nameless narrator in "The Yellow Wallpaper" (1890). Gilman wrote this fictional tale as a response to the medical treatment she received under the prominent Dr. Weir Mitchell. Writing thirty years later, Gilman portrays a nameless female character confined by her husband-physician, who, like Sybil, gradually deteriorates mentally and physically as a result of her medical treatment. Sybil's experience of confinement is marked by sleepwalking and "hours of unspeakable suffering": "Night after night I paced my room in utter darkness - for I was allowed no lamp - night after night I wept bitter tears wrung from me by anguish, for which I had no name. . . . I felt that my health was going, my mind growing confused and weak; my thoughts wandered vaguely, memory began to fail, and idiocy or madness seemed my inevitable fate."⁵⁷

On her eighteenth birthday Sybil's uncle and Dr. Karnac bring a lawyer to view the "melancholy wreck", Hannah pointing "to the carpets worn to shreds by [her] weary march" and "the walls which [she] had covered with weird, grotesque, or tragic figures" as a confirmation of Sybil's madness. It is interesting that both Alcott's and Gilman's heroines turn to creativity in attempt to heal themselves. Gilman's heroine, in her own view, improves

when she tries to create some meaning out of the wallpaper; however, it is this wall imagery which testifies to the heroine's madness in the minds of the reader and the other characters, whereas in fact this can be understood as an attempt by the heroine to regain her health through creative expression. In the case of Sybil, it appears that she turns to drawing on the wall as a means of observing her inner self, since now this is the only possible way of doing so. Before, she has depended on mirrors, but her room of confinement having no mirror she thus turns to drawing on the walls as a means of self observation and expression.

After Sybil finds herself confined in the madhouse, she observes her "grated" room and painfully realizes that her "beautiful, abundant hair was gone!"; this is a bitter realization for Sybil and causes her to cry in "impotent despair".⁵⁸ Lynette Carpenter reads this as a symbolic gesture signifying Sybil's loss of sexuality and wealth;⁵⁹ I carry this further, reading the scene as symbolic of a medical operation of female castration, very common in nineteenth century therapeutics, and specifically used to control women's sexual impulses. Sybil's lost hair symbolizes her sexual impulses now sedated through female castration, and this "outrage" makes Sybil more conscious of Dr. Karnac's authority as the narrative progresses. Later she remarks on the doctor's effect, observing his "magnetic power", and she realizes that in her present state she must succumb to the doctor, declaring to her uncle that she will be "obedient and meek".⁶⁰

Dr. Karnac's medical position gives him complete authority; Sybil, "crying with an imploring cry", and clinging to her keeper Hannah, pleads: "Oh, have pity on me before this dreadful life kills me or drives me mad!", but

in response, "Dr. Karnac laughed the first laugh I had ever heard him utter as he wrenched Hannah from my grasp and locked me in alone." Realizing her desperate position, Sybil resolves to kill herself rather than live under Dr. Karnac's rule, and makes a braided cord from her torn clothes - again resembling Gilman's heroine, who intends to use the cord to tie the woman she believes trapped behind the wallpaper - but Sybil's intentions change when she hears her uncle speaking to an unrecognizable voice. Her "intense desire" to discover the identity behind this voice and the pacing steps above her, save her from committing suicide. Previously, she had heard Hannah say to her husband, upon her discovery that Sybil had been sleepwalking, "Sleepwalking, John; it's getting worse and worse, as the doctor foretold; she'll settle down like the other presently, but she must be locked up at night, else the dog will do her a mischief."⁶¹ Like Gilman's heroine, who ultimately becomes obsessed with the figure behind the wallpaper, Sybil's chief interest in the house becomes this unknown other occupant. She hears footsteps pacing in the room above her and strange whispers. At the death of this unknown person, Sybil manages to catch sight of the corpse, and notices a subtle resemblance to herself. Later, in the second part of the story and while still in the madhouse, Sybil finds letters of warning, written by this woman, attached to a dog's collar telling her to escape or anticipate madness, and we eventually learn, from Sybil's deductions and recollections, that this woman is her mother, who was presumed dead.

The sensibility and content of these letters show that this woman too is sane, and has also been wrongly confined and probably driven to madness by Dr. Karnac. One letter reads:

I have never seen you, never heard your name, yet I know that you are young, that you are suffering, and I try to help you in my poor way. I think you are not crazed yet, as I often am; for your voice is sane, your plaintive singing not like mine, your walking only caught from me, I hope.....If you are not already mad, you will be; I suspect you were sent here to be made so; for the air is poison, the solitude is fatal, and Karnac remorseless in his mania for prying into the mysteries of human minds....Read, destroy, but obey, I implore you to leave this house before it is too late.⁶²

In the other letter the woman declares her insanity and again tries to encourage Sybil to escape: "*....I know by your altered step and voice that you are fast reaching my unhappy state; for I am fitfully mad and shall be till I die.....Child! Woman! Whatever you are, leave this accursed house while you have power to do it*"⁶³ It is thus clear that Sybil's mother is another of Dr. Karnac's victims; apparently this sinister doctor has destroyed one woman and is now in the process of destroying another. The suggestions throughout the narrative of Sybil's resemblance to her mother are indications that her mother's confinement was similarly inflicted upon a strong defiant nature. Lynette Carpenter reads Sybil's alliance with her mother as bearing biographical significance, for, as discussed earlier in this chapter, Alcott was always aware and ashamed of her bad temper, realizing that she shared with her mother a temperament resented by her father. Thus, because the uncle in this story links the mother and daughter together as fiends, it becomes reminiscent of Bronson's disapproval of Louisa and Abba.⁶⁴

The warning in the letter gives Sybil hope and encourages her to search for a method of escape, and finally an explosion and fire provide her with a golden opportunity; she flees, Dr. Karnac burns, and Sybil is found

running in the wilderness and is rescued by her beloved Guy. Finally, she marries Guy, her uncle confesses on his deathbed and Sybil is thus freed from a guilty conscience. So all is well; or is it? The fact that the ending of the story does not leave us with the same "wilful" Sybil we knew at the beginning indicates the harm inflicted upon her by the medical man in particular, and by male domination in general. Sybil's development and destiny has been shaped by her experience and encounter with the sinister Dr. Karnac, and even though he is punished by burning, the harm he has inflicted on Sybil is permanent and she is left with a "worn soul and body". As the letter suggests, Sybil is now a "*Child! Woman!*", thanks to the therapeutics of Dr. Karnac and "the shadow of the past".⁶⁵ This phrase is very significant, since it not only shows the effects of Dr. Karnac's therapeutics on Sybil in turning her into a "child-woman", but it also echoes much of the medical literature of the nineteenth century. Carroll Smith-Rosenberg affirms that many nineteenth century physicians described the hysterical female as impressionable, evincing dramatic body language and gestures and great dependency. In short, Smith-Rosenberg believes that the hysterical female emerges from the medical literature of the nineteenth century as a "child-woman".⁶⁶

The male conspiracy in this story, between doctor and uncle, against the orphan Sybil also serves as an allusion to the many women in fiction and reality who fell victim to such conspiracies. In many cases, husbands, fathers, brothers and other male relatives declared their wives, daughters and sisters mentally instable as a way of suppressing unacceptable behaviour. The case of Mrs. Elizabeth Packard is an important example of such a conspiracy. In 1860, Elizabeth Packard was imprisoned against her

will by her husband in an Illinois asylum for engaging in "free religious inquiry".⁶⁷ Based on her husband's declaration of her insanity and Dr. McFarland's affirmation, Mrs. Packard was imprisoned for three years and denied all rights to her six children. After her experience, like Charlotte Perkins Gilman, Packard set out to warn other women of the dangers facing them from the medical profession, and wrote *The Mystic Key*, a non-fictional account of her experiences. Like Gilman, Packard had great difficulty in publishing her work, but finally succeeded, and sent copies to both Dr. McFarland and to her husband, the Rev. Theophilus Packard. Mrs. Packard's experience turned her into an activist for married women's rights, and led her to the realization that she had "no right to life, liberty, or the pursuit of happiness" and that she was "legally Mr. Packard's slave".⁶⁸ After the publication of *The Mystic Key*, she prepared and introduced a bill entitled, "A Bill for the Protection of Personal Liberty", which was intended to protect people from false imprisonment, requiring a trial for all citizens before they could be committed to an insane asylum, as the laws of the time allowed husbands to imprison wives solely on the basis of medical certificates, and with no trial. This legislative bill was passed in 1867, and Mrs. Packard also succeeded in passing another legislative barrier to such injustice, with "the appointment of an investigating committee" to look into her particular case; this committee found in her favour and Dr. McFarland later resigned.

Alcott's "A Whisper In The Dark" provides a vivid fictional illustration of cases similar to Mrs. Packard's. It suggests the extent of masculine domination over women, showing the extremity of such domination in that of the medical man. The story shows the doctor not only as a powerful

figure capable of dominating women, but also as an authority in reshaping women's personalities, sedating the most powerful impulses in women, whether sexual or other, and returning women to their acceptable position as wives and mothers - the only socially respectable role for middle and upper class women in the nineteenth century. The story's ending confirms this, since Sybil is left in the acceptable role of loving and obedient wife.

In the next two stories, "The Skeleton in the Closet" (1867) and "A Pair of Eyes" (1863), it is Alcott's heroines who possess a mysterious power over men, as in both tales she skilfully transfers male dominance and authority into the hands of the heroine. In these stories Alcott does not present a suffering patient under the care of male physicians, but instead represents both male characters as under the complete physical and mental control of the heroine. In "The Skeleton in the Closet", Mathilde Arnheim lives a solitary life, secluded within a "mansion embosomed in a blooming paradise of flowers and grand old trees".⁶⁹ She is a mysterious figure, refusing many suitors until she falls in love with Gustave Novaire. Their love is, however, obstructed by the discovery that Mathilde is not in fact a widow, but is married to a madman whom she has confined in a part of her "Castle Dangerous", and in many ways the tale is a re-imagining of *Jane Eyre*, with an idiot man substituted for the confined, raging Bertha Mason.

Mathilde's husband is not, however, a raging madman, but a "mournful wreck" continuously playing with "childish toys", who possesses a "vacant gaze" in his "hollow eyes", which with his "aimless movements" and "feeble hands" reveal "the fearful loss of that divine gift - reason". He is looked after by his dutiful servant, Bernhardt, the male substitute for

Grace Poole. Mathilde explains that she has been wronged by a "stern uncle", who "found his ward an irksome charge" and looked for relief in marrying her to this man at the age of sixteen. Deceived by the husband's cousin, Mathilde only discovers his malady after her marriage and from then on has suffered "a lifetime full of pain". Reinhold Arnheim was a "gentle", "weakhearted" man "with a feeble nature" and "a woman's patient tenderness".⁷⁰ The details of the marriage are not stated in the story, except for the assertion that Mathilde never loved her husband. Mathilde explains that her reason for confining her husband is his disease, and that it is out of duty and obligation that she moved him from Germany - their previous home - to France "in search of health" for him. Reinhold Arnheim never regains his health, however, and dies a few years later, providing the lovers with an opportunity to unite. Some years later Mathilde marries Gustave Novaire, despite the obstacles posed by one of her previous suitors Louis, and thus the story ends.

Mathilde Arnheim has endured much in her life, and wears a steel bracelet to symbolize her commitment to being a faithful and dutiful wife. She is described as bearing a "cold heart", and resembling a "marble image, beautiful and cold, though there are rare flashes of warmth that win, a softness that enchants, which make her doubly dangerous". She is a strange figure, and not the stereotypical docile female of the period. In the beginning of the narrative, she is described as a beautiful "slender" figure confined to her "flowery nook" and content with her solitary life. She is like the "English poet's Lady of Shalott" in beauty and mystery, but she is not awaiting Sir Lancelot.

Mathilde's "white-robed figure" and her "unornamented dress" add to the sense of her unconventional nature and reflect her individuality and strength. The descriptions of Mathilde portray her as an unusual female figure, her self-imposed confinement and "well-stored library" only increasing the effect. We later learn that Mathilde tried "to be a patient wife" but this "duty", because it was "unsweetened" by affection, grew to be "a loathsome slavery". She preferred to live alone, never wanting "to quit her solitude", or to conform to the conventional definitions of womanhood.⁷¹

The question of power is again raised in this story, in its themes, through the interrogating exposition and even by the opening question, "to whom does that chateau belong?" - i.e. does it belong to Mathilde Arnheim or to her idiot husband? Madeline Stern affirms that the power struggle is a dominant theme in Alcott's work and "runs like a scarlet thread" through most of her short fiction.⁷² In this story it is possible to read the power struggle as now ended and won by Mathilde. Mathilde, even though presented as victim, is actually the source of power in the story, and thus can be seen as both victim and avenger.

Most significant to my discussion is the fact that the power Mathilde possesses over her idiot husband is of a medical nature, for she fully dominates her husband's health and treatment. She has chosen France as the place of recovery and has confined him upon her own diagnosis - that he is suffering from a hereditary and untreatable malady. Mathilde's mysterious nature makes us suspect the truth of her tale and wonder whether she has driven her husband to madness, or has perhaps imposed confinement upon

him so that she can lead a more solitary life. Before the reader discovers the existence of her idiot husband, it is stated that Mathilde is very content with her seclusion: "She has made an Eden, but desires no Adam." The bracelet she wears as a symbol of her duty and obedience can in fact be read also as a symbol of her mysterious power. Could she possess some kind of mesmeric power over her husband? Mathilde's chief charm' is her "dark", "lustrous" eyes, which immediately win Gustave Novaire's heart. It could be assumed that her bracelet in fact augments her magnetic powers, as it is removed only when her husband is dead and she has married Gustave. The theme of illness runs as an undercurrent throughout the story: all three major characters suffer from some kind of illness at one point or another; when telling her tale to Gustave, Mathilde explains that when she was living as wife to Rheinhold, out of great despair she fell ill with what she "hoped would prove a mortal illness".⁷³

The scene in which Gustave Novaire finds Mathilde caring for her husband is significant to a discussion of power and control within the story, for in this scene power is totally with Mathilde, who shows an ascendancy over her husband reminiscent of maternal control over a child. Rheinhold is described as an "imbecile" playing with his "childish toys", completely helpless, uttering "unmeaning words" and desperately "creeping" to Mathilde's side for affection and care.⁷⁴ Apparently, Mathilde's method of care consists in having reduced this man to the state of a child, imposing on him the kind of treatment and behaviour many nineteenth century medical men imposed on their women patients.

Elaine Showalter, in her analysis of Alcott's "Behind A Mask", another of Alcott's stories of revenge and disguise, explains that, "the story can be seen as a narrative meditation on the possibilities for feminist subversion of patriarchal culture, on the ways for women to express themselves, or at least their power, through role-playing".⁷⁵ I carry this statement further by reading "The Skeleton In The Closet", and the two stories to follow in my discussion, as feminist subversions of nineteenth century medical patriarchal culture. Thus women in these stories express their resentment of nineteenth century medical domination through playing the role of the healer. The female healer in these stories does not always provide relief; in fact, in most cases she exhibits power over the male patient and in many ways treats her patient with the same therapeutics practised by the nineteenth century medical man, perhaps as a way of seeking revenge. Mathilde Arnheim in this story poses as the female healer, in the sense that she possesses sole authority over her husband's health, but she does not show sympathy towards the patient. When visiting her imbecile husband in his secret chambers, Mathilde instead shows frustration, "pacing to and fro with clasped hands and streaming eyes, as if full of some passionate despair". She sings to her patient with a "soft", "sweet", voice only because this is part of her treatment, or as an aid to the sedation of her patient, and not as an expression of sympathy. During the same visit, Mathilde's actions show rage and frustration rather than sympathy or concern, as, for example, when she "strike[s] her fettered arm a cruel blow upon the strong stone balcony enclosing the window - a blow which left it bruised".⁷⁶

It is also interesting that Mathilde, in spite of her numerous suitors, chooses to love and later marry the "invalid" Gustave Novaire. Gustave has come to

France "to recruit [his] health, shattered by long illness", and visits Mathilde to use her "well-stored library". His illness is never explained as either physical or mental, but Gustave regards himself as an "invalid". This adds to the impression of Mathilde as playing the role of the female healer, but also to the impression that because Mathilde "knew little happiness as a wife", and because of the conditions and restrictions imposed upon her by conventional marriage, she has through her mysterious powers driven her husband to illness. The mysterious powers she possesses over her husband have enabled her to confine him, and live in her desired Eden with no Adam, wanting "friends not lovers", and the fact that she now chooses to marry another invalid suggests that she will also use her powers to subdue Gustave, who now replaces her "steel bracelet" with "a chain of gold", symbolizing to him her new duties and responsibilities. At Mathilde's assertion of her freedom, Gustave replies, "No, Mathilde, you are a captive still, not to duty, but to love, whose thralldom shall be to you as light as the fetter I now bind you with." And thus the story ends, with Mathilde again in male captivity but with this now justified by her love to Gustave. However, there remains the suggestion that the gold chain, like the bracelet, has a double-meaning: that while it may symbolize her captivity to the deluded Gustave, this "fetter" - as the previous bracelet was a symbol of her powers over Reinhold Arnheim - will be transformed into a source of power with which she will once again exercise power over her husband, the male patient.⁷⁷

Alcott's reversal of female confinement, and her depiction of power through role-playing, adds to the variety of ways in which she exposes the resentment felt by women, both in fiction and reality, against the medical

establishment. Mathilde's confinement of her husband, whether intended as revenge against the husband for concealing his disease or not, still shows her power over his health as a positive attribute. Where Sybil is an orphan punished for her rage, Mathilde is an orphan, wronged by a male guardian, but possessing an unknown power to control her idiot husband.

In Alcott's next story "A Pair of Eyes; or A Modern Magic" (1863), the mysterious powers of this *femme fatale* reign supreme, the heroine, Agatha Eure, practises mesmeric arts upon her artist husband, Max Erdmann. "A Pair of Eyes" is an extraordinary piece of fiction, with a remarkable depiction of mind control; with its gothic and mystical overtones, the story, like "The Skeleton in the Closet", presents the female healer as avenger, wielding power over her male patient and having no sympathy for his suffering. Agatha Eure, like Mathilda Arnheim, is thus far from the conventional docile female of the time, but as one version of the "New Woman", leading "a quietly luxurious life among her books, pencils and music, reading and studying".⁷⁸

In this fictional piece Alcott returns to the female healer with her herbs and tonics, a figure who disappeared with the triumph of the male medical profession, something which had - as Barbara Ehrenreich and Deidre English assert - "involved the destruction of women's networks of mutual help - leaving women in a position of isolation and dependency".⁷⁹ In this short story, the suffering male gives a first-person account of his isolation and dependency upon Agatha, who possesses sole authority over his health, and plays the role of both unsympathetic wife and physician. Max Erdman recognises but accepts without complaint his wife's lack of sympathy

towards his "increased . . . mental malady", explaining, "I [did] wonder if Agatha knew how listless, hollow-eyed and wan I had grown; but she never spoke of it, and an unconquerable reserve kept me from uttering a complaint to her."⁸⁰ This is a reminder of Charlotte Perkins Gilman's nameless narrator in "The Yellow Wallpaper", whose unsympathetic husband-physician chooses to ignore her ailments and continuously assures her that her health is improving. Here Agatha Eure does the same in ignoring her husband's deteriorating health, and thus Agatha becomes Alcott's surrogate in this fictional work, as she exposes through her heroine's actions the resentment felt against the male medical profession.

Shakespeare's *Macbeth* provides a striking metaphor in the story. The artist husband, Max Erdman, is searching for a pair of eyes with which to complete his portrait of "the vacant yet not unmeaning stare of Lady Macbeth in her haunted sleep". Erdman is finally seized, like "a petulant woman", by Agathe Eure's "mysterious eyes fixed on vacancy, full of that weird regard so hard to counterfeit so impossible to describe", and these eyes "proved the existence of an ardent, imperious nature underneath the seeming snow".⁸¹ The direct reference to Lady Macbeth with the description of Agatha draws a close parallel between the figures: both control their husbands and almost rob them of reason, Agatha Eure - like Mathilde Arnheim - apparently subduing Max Erdmann with the magnetic force of her bracelet. Once Max Erdmann is mesmerised, he is degraded to the state of a helpless, nervous woman, and Alcott cleverly subverts the role by portraying the subdued Max Erdmann as a helpless female. After mesmerising Erdmann, the powerful Agatha takes control of his mind and body, explicitly declaring her intention of treating him like a woman: "I

took the liberty of treating you like a woman, for I bathed your temples and wielded my vinaigrette most energetically till you revived and began to talk of "Rachel, art, castles in the air, and your wife Lady Macbeth"". However, soon this nervous figure begins to show resentment when Agatha becomes jealous of his work - which has always been "wife, child, friend, food and fire" - and he feels like "an imprisoned creature" after his marriage.⁸² The resentment felt by Max Erdmann is that of many women crippled by marriage and obligations, with a desire to work but restricted by male authority. In this story Alcott skilfully expresses female discomfort through a male voice, giving the sufferer's narrative authority within the text - not in order to gain the reader's sympathy, but in order to have men acknowledge women's suffering. In other words, the intention is, literally, to give men a taste of their own medicine.

Agatha's reason for controlling her husband is explained as mere jealousy, where what is actually happening is that Alcott has given her heroine male authority, and the unfeminine quality of great intellect, in order to express the discomforts imposed upon women. Erdman's dissatisfaction with "love in idleness" and his desire to work echo the frustrations and limitations felt by so many women in the same position: "Agatha turned jealous of my art, for finding the mistress dearer than the wife, she tried to wean me from it, and seemed to feel that having given me love, wealth and ease, I should ask no more, but play the obedient subject to a generous queen." - in the same way that many women had to play obedient queens and be satisfied with marriage, love, and motherhood. Erdman constantly requests "more liberty" from his wife, and, when forbidden, he suffers from "an acute fit of what women call nervousness", and, refusing to yield to this state, he -

like many women in a similar position - consults medical opinion.⁸³ Waiting to consult Dr. L., Erdman reads a book on magnetism. (Madeline Stern asserts that this book is most probably *Animal Magnetism; or psychodomy* by Theodore Leger, who was physician to Margaret Fuller).⁸⁴ Erdman thus begins to understand the nature of his wife's power over him, and finally confronts her with his discovery, but Agatha, feeling wronged by him for having married her for wealth not love, refuses to free him from her powers. She says, "You have brought this fate upon yourself, accept it, submit to it, for I have bought you with my wealth, I hold you with my mystic art, and body and soul, Max Erdmann, you are mine!" Unfortunately, however, the story does not end with the "unnatural subjection" of Max Erdmann; instead, with his knowledge of her arts the balance of power has shifted, and the defiant, powerful, Agatha is made to submit to Erdmann. She dies, having admitted, "You have conquered, I am here!", and Erdmann is left with a blind son as "a visible punishment" for his sin of loving art more than his wife.⁸⁵

Like many others in her time, Alcott developed a great interest in mesmerism. During the second half of the nineteenth century, mesmerism became popular as part of the health reform movement, which was an attempt to improve women's health through reform in dress, physical education and various mind cures of which mesmerism was the most popular. While medical men blamed women's disorders on their biological functions, medical women entering the profession after the Civil War blamed women's discomforts on fashion, and became powerful advocates of reforms in dress, opposing tight lacing and corseting and showing their effects on the spine and blood circulation. These women wanted to modify

styles in ways conducive to women's health, encouraging them to wear loose clothes supported from the shoulders rather than from the waist and also encouraging healthy diets. They spoke of diets in which fruit punches and vegetables were to replace tea, coffee and meats, and women were encouraged to take up gymnastics and other physical activities.

Dr. Dio Lewis was one of its great promoters and opened his school of gymnastics in Boston in 1860. Alcott visited Dr. Lewis's school and also frequently resided in his hotel on Beacon Street. Dr. Lewis bought the Bellevue Hotel and opened it as a private temperance hotel, though Madeline Stern in her biography of Alcott explains that the Bellevue Hotel was a bit "too genteel" for Louisa; eating in a marble cafe and sleeping in a sofa bed did not appeal to her, but she found Dr. Lewis compelling as a personality, and her extended conversations with him on homeopathy, Roman baths, and Dr. Elis P. Miller's *Vital Force*, compensated for the hotel's gentility.⁸⁶ Dr. Elis Miller also owned a hotel similar to Dr. Lewis's, and when Dr. Lewis later sold the Bellevue and went to California, Louisa resided instead in the hotel of Dr. Miller.⁸⁷

Adding to the popularity of mesmerism was the publication of Harriet Martineau's *Letters on Mesmerism* in the records of Martineau's physician Thomas Greenhow, in 1845. These records reveal Martineau's account of her recovery through hypnosis from a tumour pressing on her spine. For years Martineau took heavy doses of opiates as prescribed by Thomas Greenhow, but did not find relief. Her *Letters* were widely read (one assumes that Alcott read them but there are no records with which to confirm this), and serve as a useful illustration of the appeal of mesmerism,

since implicit in them is a rejection of female invalidism and a challenge of its acceptance by the general medical practice. Alcott had access to many books on the topic, and ultimately submitted to this mind cure, hoping to rid herself of her many and various ailments. She described her experience of mesmerism in the *Woman's Journal* : "No effect was felt except sleepiness for the first few times; then mesmeric sensations occasionally came, sunshine in the head, a sense of walking on air, and slight trances, when it was possible to stir for a few moments."⁸⁸ Alcott found her experience interesting and thus transformed it artistically into her fiction.

Mesmerism appears again in Alcott's "A Nurse's Story", in which she portrays once again the powers of the female healer, but in this story the healer provides her female patient with relief, and does not cause, as in the previous two stories, any kind of suffering. "A Nurse's Story" was published in six instalments in Frank Leslie's *Chimney Corner* at the end of 1865, and was not available to the modern reader until 1991, when it first appeared in the collection of Alcott stories *Freaks of Genius*, edited by Daniel Shealy. In the introduction to this collection, Madeline Stern presumes that Alcott wrote this story after July 1865, when she sailed to Europe as a nurse-companion to the invalid Anna Weld, daughter of the merchant William Fletcher Weld. Anna Weld suffered from some kind of nervous disorder and although Alcott found it very difficult to deal with her patient, she used Anna Weld, in Stern's words, as a "case study and character source" for Elinor Carruth of "A Nurses's Story".⁸⁹ However, this experience was not Alcott's only contact with a woman suffering from some kind of nervous disorder, as previously Alcott had also cared for a friend during a temporary fit of insanity. Insanity is the running theme in

"A Nurse's Story", and Alcott clearly used her experiences as sources for her story, while she probably obtained further information and details from her sisters, Anna and May, who had worked at Dr. Hervey B. Welber's asylum in Syracuse, New York.

The story is one of Alcott's longer tales and was first called "The Carruths", but later Alcott altered the title to "A Nurse's Story". The alteration of the title forces us to focus our attention on Kate Snow, the nurse and narrator of the story. Kate Snow is a thirty-year-old nurse who has come to work for the Carruths as nurse to the afflicted Elinor Carruth, who is a victim of insanity, the hereditary curse threatening the whole Carruth family. Her sister, Amy, insists on marrying without revealing the family secret, and although both her brothers, Augustine and Harry, resent this marriage, it is Elinor who, with the help of Kate Snow, tries to prevent it. Their half-brother, Robert Steele, is the "evil genius" of the story and acts as master of the house. Elinor, with Kate's help, tries to unveil the family secret, but in so doing they must deceive Robert Steele, and thus the theme of secrecy becomes pivotal to the action of the story. The nurse, Kate Snow, has to try to manipulate Robert Steele and help the Carruth family, and in the process there develops a very interesting relationship between the pair in which Alcott once again depicts a sexual power struggle. The story ends with Kate Snow's victory over Steele, who is found years later in an insane asylum. Elinor commits suicide, and the more sympathetic brother, Harry, becomes a physician, while the sister, Amy, marries only to die two years later.

The story is narrated with great skill and Alcott manages, through a complex and many-layered plot, to thread many ideas into this fictional piece. Alcott's exploitation of the theme of inherited insanity, her presentation of the power struggle between the sexes, and of the relationship between Elinor and her mother, all contribute to make this a remarkably rich text. In my analysis of the story, I focus on Kate Snow's relationship with her patient Elinor, and the methods the nurse employs to cure her of her affliction. In this tale Alcott provides the alternative to the suffering female patient, here not provided by a male physician but by a concerned and sympathetic female caretaker, who voices in fiction what Alcott earlier voiced in her journal after her visit to the Boston Hospital for Women and Children - that only women can administer to the ills of women.

Kate Snow is a thirty-year-old nurse with a "peculiar power" over the mentally disturbed, "having some experience in the care of the insane".⁹⁰ The "unfortunate child", Elinor, is placed under Kate Snow's care; she suffers from "violent attacks" which occur at intervals, and she needs a special kind of attention based on "care and amusement as any compassionate and intelligent person can give her". Elinor is "very moody", and during her frequent attacks "she destroys and injures things sadly". She is confined to a room with windows "draped with rich hangings" and secured with "iron bars", and which bears "many traces of the frantic scenes" from which Elinor suffers; the long mirror is "defaced by cracks", and "unsightly stains marred the flowery carpet, broken toys lay about, and on rosewood and marble furniture appeared the marks of reckless hands".⁹¹ Within the context of contemporary understanding and

treatment of madness, all this points to a loss of reason and to the method of treatment Elinor has received in the past: the room with the "marred" carpet and "marks of reckless hands" brings back to the reader the image of Sybil in Alcott's "A Whisper In The Dark", and suggests the probability of Elinor having suffered under the hands of other medical experts. Elinor's mother reveals to Kate Snow that, although "experienced persons are at hand to care" for Elinor, she has "decided to try the experiment of a young companion". Apparently these other "experienced persons " were unable to provide relief for Elinor, and the room in which Elinor is confined shows her past frustration and misery - the mirror "defaced by cracks" recalling the recurrent symbol in "A Whisper In The Dark", and suggesting the shattered being Elinor has now become. The "broken toys" lying about in her room also suggest an attempt has been made to infantilize Elinor: it is plausible to assume that some of these "experienced persons" have tried in the past to treat Elinor like a child, and that out of frustration she destroyed these toys as an expression of rejection of such treatment, a theme again reminiscent of aspects of "A Whisper In The Dark" and of Sybil's infantilization by Dr. Karnac.

Elinor's "self-inflicted . . .dark bruises" on her "strong white arms", coupled with her "tangled and neglected" hair, not only point to her malady, but also reveal her frustration and suggest that it is possible that she has been resisting some kind of medical authority, probably that of the "experienced persons", and as a result has become this mournful wreck. As Elinor's mother states, her daughter has received experienced care, but of a kind which lacks compassion and thus Kate Snow has been engaged to provide care and sympathy for this unhappy figure and to be her

compassionate friend. Kate Snow realizes that her profession is a "sad" one, but prefers it to many others since she "like[s] to nurse the sick" because she is confident that she possesses "the power of making them comfortable". This is the power she will practice on the mournful Elinor, from the first treating her as sane - treatment which greatly surprises Elinor, again suggesting that her past treatment was of a different kind. Kate Snow's treatment of Elinor is based on "human sympathy" and comfort: during her introduction to her patient, Kate Snow responds to Elinor's cry for help by comforting her "poor heart" with a great "balm of compassion", letting her own "tears flow freely" as a sign of compassion, which not only "soothed" Elinor but also "assured her of [Kate's] sincerity".⁹² The importance of the nurse's compassion reflects the nature of Alcott's relationship with Dr. Rhoda Lawrence, her closest companion during the last years of her life, as for Alcott (as her letters reveal) the most important aspect of this relationship was the compassion and sympathy Dr. Lawrence gave freely to her patients. In a letter to Louisa Caroline Bond of 1888, the year of her death, Alcott wrote, "As I waked this a.m. my good Dr.L came with the lovely azalea, her round face beaming through the leaves like a full moon."⁹³

It is clear from Alcott's letters that even though she consulted other male physicians she did so on Dr. Lawrence's recommendation, and that in many cases Dr. Lawrence was an associate of these physicians and accompanied Alcott to her consultations. In a letter to Laura Hosmer of June 1887, the year before Alcott's death, she informs this friend about her health, saying, "I'm going with Dr. L to see Dr. Henion the magnetic man. A quack I dare say, but he cures people & the regulars don't, so for fun I'm going some

day."⁹⁴ Another letter to Anna Ricketson in November 1887 confirms that Alcott, when consulting other physicians, did so upon Dr. Lawrence's recommendation:

"I was so discouraged after I got home three weeks ago that I sent Dr. W[esselhoeft] off & am trying Dr. Greene on Eclectic. Excellent man, 30 years in practice & very successful with stomach troubles.

"I felt nicely at the Mts, & hoped to come home quite set up, but my legs took to lumping up & getting stiff. Poor state of blood, so I told Dr. W to tone me up, & he put me on solid food every two hours, meat, eggs, onions &c.

"In a week I was nearly dead, & one leg drawn up & in a bad way. He was rather scared & so was Dr. L & I rose in my despair & said, "I'll try a new man." Dr. L has known Dr. G for years & we had him. He said liquid food for the poor "tummy" & while it rests tonics for nerves and blood."⁹⁵

These letters reveal that, although Alcott consulted other physicians in search of relief, she only trusted "Dr. L", and it was only with Dr. Lawrence that Alcott managed to find the "human sympathy" Kate Snow so firmly believes to be a significant element in the patient's cure.

Kate Snow's treatment of Elinor begins with the rejection of the "harsh" and "cold" Hannah, a character whose role is never clearly defined, but who acts as the messenger for the orders of the absent medical man, Dr. Shirley. Alcott probably chose not to give Dr. Shirley a voice in the story to reflect the insignificance of his treatment and its lack of effect upon Elinor's progress. When Elinor refuses to eat the lunch provided by Hannah, the latter says to Kate, "Perhaps you can coax her to it. The doctor says she may have wine to-day, and the soup's extra nice."⁹⁶ Hannah's "respectful" yet "harsh" manner, together with her wish to "coax" Elinor,

reveal her as the surrogate enforcer of Dr. Shirley's methods who, it is suggested, has instructed Hannah to treat Elinor as a child. The next scene in which Hannah, in an attempt to "coax" Elinor to take her meal, tastes the soup "with an appreciative smack of the lips", serves to confirm this idea. It is significant to note that, as in "A Whisper in the Dark", the enforcer of the doctor's orders is again named Hannah.

In response to Hannah's authoritarian methods, Kate Snow decides to take lunch with her patient as a way of encouraging her to eat, believing that if Elinor's meals were "more social she would enjoy them, and have a better appetite". At this Elinor declares her new nurse "a good nurse" and agrees that such a change would be "pleasant".⁹⁷ From this point on the relationship between these two women develops into more than just a superficial one between doctor and patient, and one of sole authority on the part of the physician and complete submission on the part of the patient, as portrayed in both Gilman's "The Yellow Wallpaper" and Alcott's "A Whisper In The Dark". The trust, sympathy and understanding which develops between them acts as a curative and leads to Elinor's recovery. Through her fictional nurse, Alcott shows what was lacking in many nineteenth century male physicians and their therapeutics, and suggests that this was why most women were driven to greater illness rather than a cure; thus it is the female healer with her sympathetic, compassionate methods who can provide relief for other female sufferers.

Kate Snow's treatment of Elinor involves not only singing to her patient and playing the piano, but, like Agatha Eure in "A Pair of Eyes", Kate practices magnetism on her patient, despite Hannah's opinion that it turns

Elinor into a "dreadful [and] fractious" invalid. In contrast, Elinor believes that the effects of the magnetism are beneficial; the morning after being mesmerized, Elinor speaks with "more coherency" and feels more like herself, on the road to recovery. In defence of Kate Snow's methods and in opposition to Hannah's views, Elinor says to Kate of the experience: "Hannah knows nothing about it. I am not worse; I slept deliciously all night, and woke feeling like myself. I longed to have you come and see how much good you'd done me."⁹⁸

Also significant in this treatment is the fact that Kate Snow allows her patient to be involved in her own therapy, allowing Elinor space to be the judge of her own health, while refusing any intrusion from outsiders, even that of the master of the house, Robert Steele. The first meeting between these two characters reveals the violent power struggle to be played out in the tale, as from the first Steele attempts to pose as Elinor's physician and usurp Kate Snow's position as carer for Elinor, but he is continually denied medical authority over Elinor. Kate Snow regards Steele as a "repulsive man" and in his presence feels "a curious feeling of antagonism", finding herself able to give "no tribute of admiration to his gifts of mind or person, such as he was in the habit of receiving from most women, I suspect".⁹⁹ Steele's rigidity and arrogance, and the fact that he "asked many questions" concerning Elinor's state of health, all contribute to the idea that he is posing as some kind of surrogate for the physician in this scene. Steele begins his "many questions" with the following:

"You find Elinor an interesting charge, I fancy?"

"Yes."

"This is not the first case you have treated, I believe?"

"No."

"How has she been to-day quiet or excited?"

"Both."

"Turbulent and talkative, I suppose?"

"Rather so."

"What seemed to be the cause of her excitement?"

"The unfortunate state of her mind."

He put down his cup with an impatient gesture, and asked, with his eyes fixed full upon me: "I mean what particular whim or delusion possessed her to-day? In short what did she talk about?"

"I put down my cup also, and turning a little, looked straight at him, saying with an air of decision that evidently surprised him: "Will you allow me to ask if you are Miss Carruth's physician?"

"No I haven't that honor", and a curious smile passed over his face as he replied.

"Then you must permit me to decline repeating anything this unhappy young lady may say in my presence."¹⁰⁰

This brief conversation between Steele and Snows alerts the reader to two very important points: first, that it is apparent that Steele wants the "honor" of being Elinor's physician but is denied because Kate Snow has sole authority over the patient, which inspires a deep feeling of rivalry between them; and secondly, the fact that Kate Snow provides "brief replies" to Steele's clinical questions at first, and finally fully denies him information about Elinor, not only shows the surrogate doctor's insignificance to the progress of Elinor's health, since he asks questions rather than gives answers, but also once again points to Elinor's "human sympathy", for she declares to Steele that Elinor's "misfortune makes her an object of compassion, not curiosity ". This statement also reflects that, unlike the evil Dr. Karnac, Kate Snow does not use her patient to satisfy her curiosity, an unfortunate tendency of many real and fictional nineteenth century physicians: Dr. Karnac and "his mania for prying into the mysteries of human minds" is a reflection of many curious nineteenth century

physicians, and Steele's questions reveal his desire to "pry" into Elinor's mind, which is strongly resented by Kate since she firmly believes Elinor to be an "object of compassion, not curiosity".¹⁰¹

Kate Snow's efforts are soon "rewarded" and "the daily improvement of poor Elinor" assures the nurse of the success of her medical treatment, and convinces her that "the treatment she had received hitherto was all wrong; solitude was the worst thing for her, yet owing to a mistaken belief in the necessity of entire seclusion and repose, she had been left to brood over her affliction with no pleasant occupation. The success of the new experiment proved this, and her rapid restoration surprised and delighted her family, causing them to regard me with a respect and gratitude which I did not altogether deserve." Kate's statement not only reveals the ills of "solitude", proving it an unsuitable treatment for mentally afflicted patients, but through her statement, Kate's resentment of such treatment becomes a general complaint against a major element of nineteenth century therapeutics. Kate's methods lead Elinor to recovery and although Elinor dies a sad death, she ascends to heaven a "sane and safe" woman.¹⁰² The fact that she dies shows the power of the therapy of the "experienced persons"; Kate Snow is only able to retrieve some of her sanity, but in a way she is too late to completely repair the damage.

The stories discussed in this chapter show remarkable variations on a theme that obviously engrossed Louisa May Alcott. Her preoccupation with such medical themes is thoroughly understandable since her chronic ill health exposed her to many different nineteenth century medical men, women and their therapeutics. In these tales, Alcott writes as a medical expert,

especially when it comes to the art of mesmerism, and in "A Pair of Eyes" she becomes virtually a champion of mesmerism, rejecting the more conventional remedies of professional medicine, and the heroine of this story becomes "the practitioner [of mesmerism] par excellence".¹⁰³

These stories reveal the writer as a woman of feminist leanings, but one writing in the anti-feminist world of the nineteenth century. Alcott felt she could not explicitly confront her society with such themes, and she thus chose to weave these comments into her fictions and then publish these particular tales anonymously. All the stories have marked sexual overtones, and the medical themes are skilfully interwoven with the themes of sexual dominance and power. Lynette Carpenter, in her analysis of "A Whisper In The Dark", confirms that Alcott skilfully concealed her rage, which is why the ending of the story may not live up to the expectations of the modern reader, for "to end the story as a modern reader feels it deserves to be ended would be to unleash the full measure of Alcott's rage against masculine dominance, and the story itself illustrated the folly and danger for such action".¹⁰⁴ The orphan heroines of the stories are in some way punished for their display of power and unsubmitive nature: Sybil is confined to a madhouse, Agatha Eure dies, and Mathilde Arnheim marries. The fact that these women are ultimately contained and confined, albeit in different ways, at the end of these stories may point to an intrinsic dilemma experienced by many women when faced with the new ideal of the "New Woman" - that rebellion, while exhilarating, can also lead to feelings of guilt and actual punishment - and also reflects the fact that it remained difficult, if not impossible, for the nineteenth century woman writer to unleash complete rage in their fiction.

Most nineteenth century women wanted more than what was available to them, but they were conscious of the obstacles facing them when choosing between the old and new ideals of femininity, and thus in times of stress or conflict many - perhaps inevitably - turned back to the old. Yet in these shorter fictions Alcott succeeded in portraying what many women in late nineteenth century society were struggling to express, the restrictions of femininity in general and the dangers and malpractices of the medical profession in particular. These works are therefore an early expression of the beginnings of a feminist rebellion against the nineteenth century medical profession and its practices; Alcott's stories not only illuminate the conflicts between the sexes in nineteenth-century society, but also go far to explain the emergence of a feminist movement within the medical establishment, where women doctors fought for entrance into the patriarchal medical world of the nineteenth century, and women writers voiced their support in their fiction.

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CHAPTER THREE:

CHARLOTTE PERKINS GILMAN AND SILAS WEIR MITCHELL IN OPPOSITION

Charlotte Anne Perkins Gilman was one of the most distinguished American writers of the nineteenth century, best known for her feminist writings, both fiction and non-fiction, and for her countless efforts in support of women's rights. Through her career as a writer, lecturer and publisher, Charlotte Perkins Gilman achieved a national and international reputation as a dedicated intellectual leader of the nineteenth century woman's movement. Despite early poverty and an insecure and lonely childhood - arising from the absence of her father and the cold and unloving treatment of her mother - Gilman later managed to transcend her unpromising beginnings and put her feminist convictions into practice.

Frederick Beecher Perkins, Gilman's father, left her mother, Mary Fitch Westcott, after a doctor told Mary that if she had another child she would probably die. As a child, Gilman was greatly affected by her father's abandonment of the family, and extremely angry at the anguish felt by her mother at this desertion. Later, however, she realised that he was far from the warm and affectionate man she had wished him to be; after visiting her father at the Boston Library, she wrote: "I kissed my father in the Boston Public Library - not having seen him in years", but that this was not appreciated and she was told, "not to do that sort of thing there"; greatly hurt by this she vowed that, "if ever my father wanted to kiss me he should ask for it".¹ Gilman never received tenderness from anyone in her family even though, as she says, "I did want it", and the only comfort she found was in her world of wishes and imagination.² To dream and wish became her "chief happiness", until told to abandon this bad habit by her mother, who was warned by a friend of the possible outcome of the development of an inner life. Her dreams were characterised by "scheming to improve the

world", and her desire as a child was to own "copious materials to work with, as paper, pencils, paints", in order to help her enjoy a "richer" and "more glorious" life of "limitless ambitions".³

In her autobiography, Gilman's sympathy towards her mother's position as "neglected wife" is evident in her description of Mary Perkins as "the most passionately domestic of home-worshipping housewives" and of her mother's life as "the most painfully thwarted" she had ever seen.⁴ Gilman personally abhorred such a life and found it very difficult to content herself with the ideals of femininity her mother tried to teach her. As Mary Hill affirms in her biography of Gilman, femininity was something she wanted to overcome because it suggested her mother's vulnerability and dependence; the alternative model was her father's unrestricted life style, which was suggestive of creativity, independence and strength. This choice was not surprising since Gilman came from neither an emotionally nor intellectually conventional background; she was a Beecher, grand-niece of the abolitionist Harriet Beecher Stowe, who became a model of perseverance and strength for the young Gilman. Harriet Beecher Stowe exhibited no signs of weakness, she raised seven children, supported her husband Calvin Stowe both economically and emotionally, and in her spare time managed to achieve literary prominence with the publication of her novel *Uncle Tom's Cabin* (1852).

As an adolescent, Gilman's ambitions were similar to those of her great aunt. She wrote: "With 'my wishes' I modestly chose to be the most beautiful, the wisest, the best person in the world; the most talented in music, painting, literature, sculpture." Dreams and wishes in mind, Gilman

set out with enthusiasm to find and accomplish her objectives. By the age of seventeen, she had made many relentless but fruitless efforts to convince her mother of the importance of education, since Mary believed that a girl must "remain in her mother's sphere until she entered her husband's", but she finally won, obtaining the promise, written in Gilman's diary, that, "I, Mary A. Perkins, do hereby agree and covenant never to badger my beloved and obedient daughter on the subject of going to the Art School, having given my *full* and *free* consent to her so doing."⁵ Gilman's academic and artistic endeavours therefore began with her entering the Rhode Island School of Design where she studied drawing and painting. What Gilman loved most about school was her athletic achievements; she enjoyed running up "four flights two steps at a time and beating the elevator", and loved her daily two mile hikes to and from school.⁶ She was soon studying history, science and art, and her physical training consumed a large part of the rest of her day. William Blaikie's *How to Get Strong and How To Stay So* was read continuously by the young Gilman and became, to quote Mary Hill, Gilman's "Bedside Bible".⁷ Blaikie's book was first published in 1879, and was one of the first to claim that many of the complaints and ailments afflicting women were directly related to their inactivity, and thus promoted physical exercise for women. Blaikie stated unequivocally that: "It is not the mental work which is breaking her down, but there is no adequate physical exercise to build her up."⁸ Blaikie believed that to focus only on the development of a woman's mental capacities was "an irrational and one-sided course" - what he favoured was an educational system in which mental and physical education worked side by side, so that there would not only be bodily benefit and improvement, but also improved mental performance. Like Gilman, Blaikie believed that, "Plenty of active

out-door work will go far towards securing health", and that "instead of impairing the brain", physical exercise "will repair it, and markedly improve its tone and vigour".⁹ At this time the young Gilman was dedicated to her physicality, and was a healthy, productive, very active young woman; she was, in her own words, "as well as a fish, as busy as a bee, as strong as a horse, as proud as a peacock, as happy as calm".¹⁰

However, Gilman's happiness during this period of her life was also the result of her emotional security, which was provided by a strong and intimate friendship with Martha Luther, with whom Gilman felt a special female bonding. Luther and Gilman had been friends for several years and loved hiking together, studying together, exchanging literary efforts, and, most importantly, confiding in each other, spending hours communing about very intimate matters. Gilman was very much attached to Martha Luther and expressed this openly in their letters and her diary, but she was always afraid that one day she would lose her through marriage. In one of her letters to Martha she wrote: "As for your heart - with its everlasting hungry little corners, just dilute me and fill 'em up, and I will leak quietly away when an *interloper appears*."¹¹ That interloper soon appeared in the form of Charles A. Lane, and in 1881 Gilman realised that she was in fact to lose Martha, who shortly married Charles. Emotionally crushed by this loss, Gilman saw 1881 as, "A year in which [she] knew the sweetness of a perfect friendship and have lost it forever."¹² A year later Gilman met the handsome and intellectual artist, Charles Walter Stetson, and only seventeen days after they met Charles proposed marriage; however, Gilman refused, believing that commitment to marriage would hinder her ambitions. In a diary entry of 1881, she writes, "For reasons many and good, reasons of

slow growth and careful consideration, more reasons than I now can remember; I decide to Live-Alone."¹³ Gilman's commitment to spinsterhood did not last, however, and in 1883, a year after Martha's wedding, and "with firm belief in what is right and wrong", Gilman agreed to marry Charles Walter Stetson, believing it the "right" and "unselfish" thing to do, and two years later the couple were married. Gilman's ambivalence towards marriage soon manifested itself in chronic depression, which was rooted in her experience of marriage and plagued most of the rest of her adult life. Gilman always felt that she had a "masculine" ambition, which made her unfit for marriage and the duties of wife and mother; she had an ambition to achieve, to create and guide others, and had no wish to be guided or ruled by either husband, father or brother. Gilman did not keep these feelings hidden from Charles and also tried to overcome her ambivalence by writing in her diaries. Her period of courtship was, in her own words, "by no means a happy one", and she summed up her feelings at that time by writing:

"I, Charlotte A. Perkins, am at this time 23 years old and not content, I desire to know *Why* not! What have I done so far to fulfil my duties as a member of the world? If I were dead tomorrow what were lost? What do I mean to do and be? Why am I unhappy now? I have promised to marry Charles Walter Stetson. I love him ? Yes. And by love I mean that I want him more than anyone else on earth? That and more. . . . Now love is more than *wanting*. *Love* is the infinite desire to benefit, a longing to give not merely a hungry wish to take."¹⁴

With all these question marks in her mind, Gilman tried to settle down and be the dutiful, self sacrificing woman and submit to the cult of true womanhood. She did, however, realise the pain inherent in such a position,

and anticipated failure and depression. Four months before her marriage she writes in a very despondent tone, "I anticipate a future of failure and suffering. Children sickly and unhappy. Husband miserable because of my distress; and I - ." ¹⁵ This desperate tone in Gilman's writing continued throughout her engagement period, and her sense of hopelessness increased as the marriage date approached, but she turned to a vigorous physical fitness routine to help her overcome her feelings of fear and ambivalence. Before setting her routine she turned to Blaikie once more, mapping out a course of diet and exercise based on his directions: her diet included plenty of fruits, biscuits, oatmeal and milk, but the greater emphasis was placed on her physical routine, which consisted of hours in the gymnasium, weight-lifting, toe-touching and running, up ropes and on the rings. She enthusiastically recorded her exercise in her diary, summing up her feeling of exaltation by writing, "Good *air* and *plenty of it*. Good food and plenty of it. *Good* exercise and plenty of it. Good sleep and plenty of it. Good clothes and as few as possible." ¹⁶

This regime helped lift her despondency for a while, but after her marriage to Charles Stetson in 1884 she became increasingly depressed, a condition which worsened significantly after the birth of her daughter in 1885. Unfortunately, Gilman's sufferings after the birth were dismissed by family and friends as mere laziness - the fact that a vigorously active young woman like herself should collapse in such a manner was merely attributed to weakness of will; however, Gilman herself described her state at the time as one of, "Absolute incapacity", and "Absolute misery." ¹⁷ She felt completely weak and exhausted, too tired to do anything but cry. She wrote that she "went to bed crying, woke in the night crying, sat on the edge of

the bed in the morning and cried - from sheer continuous pain" - not physical but mental pain. Even nursing her baby was a tiresome and painful event during which she felt pain instead of love. It was a bitter realisation for Gilman to realise that even motherhood could not bring her relief. Her household duties and obligations as wife and mother were depriving her of any intellectual activity, and this increased her misery.

To boost her spirits, Gilman finally decided to try some intellectual activity; reading, talking with friends and even writing. Charles was undoubtedly bewildered by Gilman's frequent crying fits and her strange behaviour, which may well have indicated to him a certain self-indulgence and irresponsibility in her nature. Yet Charles's attentiveness and support cannot be overlooked. Although he may have been at times irritated by Gilman's behaviour, he could also be quite supportive; for entertainment, he read to Gilman, and he even assumed most of the household chores. Gilman acknowledges in her diary that, "Charles has worked for me and for us both, waited on me in every tenderest way, played to me, read to me, done all for me as he always does. God be thanked for my husband!" From another diary entry it is apparent that Charles also turned to firmness when Gilman's demands were unreasonable. One "dismal evening", Gilman felt "mortally tired of doing nothing", and "humbly" asked her loving husband to sleep on the roof, to which his reply was a firm, "No You cannot!" Later, Gilman fully realised the irrationality of her request, and wrote wryly in her diary: "Serves me right for asking. Bed? I guess so."¹⁸

Mary Hill turns to Charles' diaries as proof of his patient endurance, which are of special interest since they describe the years of Gilman's suffering in

the "raw".¹⁹ In 1882, his diaries emphasised his growing love for Gilman, whom he viewed as the embodiment of his artistic imaginings of the feminine ideal which he tried to capture in his paintings. Shortly after they met, he realised that Gilman was "eccentric", "original", "unconventional", "moral, intellectual and beautiful", but it is also probable that he assumed he could shape Gilman into his ideal of femininity.²⁰ At first, Charles showed great respect for Gilman's ambitions, but gradually he began to try to change her mind; he firmly believed that Gilman was "burdened" by "unnatural" conflicts, and that she suffered from a "curious, passionate mixture of tender love and selfish struggle". The diaries show Charles' attempt to claim and control Gilman: "In fact" Mary Hill writes, "the diaries show a full-scale battle - [Charles] trying to impose standard lessons of Victorian values, Gilman resisting with every ounce of strength". For a while, Gilman tried to conform to Charles' ideals of true femininity and this very much pleased her husband, who viewed his manoeuvres for control as successful. "Ah! how different from the triumphant conqueror's look of some time ago!" he wrote, "O how that spirit is broken. The false pride is melting before love rapidly." He concluded, "She wants to be treated more as a child now than a woman."²¹

However, the more Gilman tried conforming to the ideals of femininity the more she descended into misery and mental pain. She knew what she wanted, and it was not motherhood and marriage, but when she expressed these feelings to her husband, he - inevitably perhaps, in the cultural climate - viewed them as irrational. "It calls for tremendous patience and tact", wrote Charles. "She still rushes in her mind from all our sweet life to try to go out into the world to rid it at one fell sweep of all evil, pain and

the like. Strange and terrible how such ideas can take possession of one's brain. She forgets that she could do good right at hand, even in our family. Of what account is that to her! She would convert the world."²² The dutiful Gilman still tried all kinds of support to rid herself of her mental torment, and the idea that she was, "No good as a wife, no good as a mother", really hurt her, but for everyone's sake she decided to go away for a change and visit some friends in Pasadena, California. Recovery began as soon as she left her home and family: "From the moment the wheels began to turn, the train to move, I felt better", she wrote.²³ It is notable that this escape to the "west" later appeared in her literature: as Anne Lane writes, "For Gilman, in fiction as in life, a favorite place of flight is the West. Gilman's West is a metaphor, an idea, a process, and a place. . . it is a place for herself and her female characters to escape 'confining covention'."²⁴ The west is where Gilman went to find relief from domestic responsibilities and to regain her health, and where she chose to live out her later years and, finally, to die.

In Pasadena, Gilman stayed with her close friend Grace Channing, an aspiring novelist and poet, and the intellectual thinker Charles Ellerly Channing. Gilman's stay with the Channings was the best prescription for her exhausted spirit; they helped her forget her domestic responsibilities, and Gilman and Grace began writing and directing plays together, putting on at least one quite successful show. From Pasadena, Gilman wrote happily, "[have] gained what I came for - health, and written a play!", and her recovery seemed truly promising: "Hope came back, love came back, I was eager to get home to husband and child, life was bright again."²⁵ However, that brightness did not last for long, for as soon as Gilman was back with her husband and child and away from the intellectual stimulation

provided by the Channings, she was once again weak and desperately depressed. It was hard for her to face the fact that her home made her ill, but she now understood that, "she was well while away and sick while at home - a heartening prospect!"²⁶

It was not only Gilman who was miserable: Charles tried to endure the situation but at great cost to his career, since "every cent" was used to pay bills and to "distract Gilman from her brooding". He wrote, "I cannot hire models. I cannot buy any of the accessories that I need. I am become in duty bound a mere supporter of a family."²⁷ Finally, as "supporter" of the family, the desperate Charles recommended that Gilman seek the help and advice of the greatest nerve specialist known at the time, Dr. S. Weir Mitchell of Philadelphia. The battle therefore continued, Weir Mitchell taking Charles' place in trying to control Gilman, while she continuously resisted.

Dr. Mitchell assured Gilman that she was not mad, but that she suffered from a form of hysteria. Hence, she was kept in bed in a private clinic, fed, bathed and generally cared for for about a month, and was then sent home with the following prescription: "Live as domestic a life as possible. Have your child with you all the time", and, most important, "Have but two hours of intellectual life a day. And never touch pen, brush or pencil as long as you live." Following this advice, Gilman's mental torment increased and grew so unbearable that she "would crawl into remote closets and under beds - to hide from the grinding pressure of that profound distress".²⁸ After a period of great suffering, Gilman made the choice between "going sane, and staying insane", of course choosing to "go sane" -

a course which involved throwing away Dr. Mitchell's advice and ending her marriage. Finally, in the fall of 1887, a separation was agreed upon which was to be followed by a divorce.

From this point on in her life, Gilman claims to have suffered from "a weak mind in a strong body". In her autobiography she tells of the many times she suffered from "blank months of idleness", during which sometimes even reading was very difficult. She could only perform what came naturally to her, which was clearly not mothering and nursing a child, but her work as a writer and lecturer. For her work was never a "consciously applied effort. To write was always as easy to me as to talk", while "lecturing is a perfectly natural expression of natural, clear thinking. It never has been felt as an effort, save when the audience was dull or combative."²⁹ But throughout her life she lamented the fact that her mind could have been considerably more powerful if it had not been broken at the age of twenty-four by Dr. Mitchell.³⁰

In the summer of 1887, Gilman took her child Katherine and went to live in Pasadena. It was there that she began her writing and lecturing, which proved immediately successful. Gilman was determined to benefit humanity with her work - a great ambition which was finally fulfilled when Charlotte Stetson emerged as the writer, lecturer and theorist, Charlotte Perkins Gilman. In both her fiction and non-fiction, Gilman promoted women's autonomy and their right to work, placing less emphasis on women's sexual status in society than on the importance of their economic independence of women. Her major work and perhaps her greatest, in terms of its influence, was published in 1898: *Women and Economics* calls

out to all women to be "a mile high and shining", as she strongly believed that all women can and must contribute to society in ways other than child rearing.³¹ However, this did not mean that she wanted women to neglect their domestic duties, but that women's efforts should not be solely devoted to other individuals and their personal needs. College education was a beginning for women, but it was not enough; for women to achieve true autonomy, they had to become economically independent from men. According to Gilman, the sexuo-economic relation of the Victorian period and before, which reduced women to domestic slaves, was one of the great evils of Western culture. In the preface to *Women and Economics*, she states that the book's purpose is, "To show that the worst evils which we suffer, evils long supposed to be inherent and ineradicable in our natures, are but the result of certain arbitrary conditions of our adoption, and how, by removing those conditions, we may remove the evils resultant."³²

Gilman understood that human growth was of the utmost importance but was "hampered by sexual dysfunctions", and could only occur healthily if women were viewed "as integral parts of the social organism".³³ She believed that women needed protection, but not that of men - rather they needed the protection that came from women's autonomy. Gilman also promoted the professionalization of household services: she wanted women to work outside "their four walls", and to make use of the services available to them - e.g. women no longer needed to do the laundry because that service was now available commercially. In her lecture, *The Ethics of Woman's Work*, she clarifies her ideas on the type of work women should do, saying that, "Woman's work should be adapted to her physical health, of course, and to her mental health as well", but with the provisos that it

should not "interfere with the duties of maternity". Gilman viewed housework as not only physically exhausting, but also "nerve-exhausting".³⁴

In 1903 Gilman published her book *The Home*, which advocated the notion of the home as a retreat for all, in which every member of the family participates in its work, leaving women more time to provide for society and its needs. Gilman was also greatly concerned for the well-being of children, stating that her major concern was, "the need for more scientific care for young children", as she believed that not all parents were sufficiently wise and intelligent to supervise the development of their children.³⁵ This claim angered many women, who frequently misunderstood Gilman's views and regarded her as an "unnatural" woman and mother. However, Gilman never denied that children needed the love and care of their mothers, but added that children needed instruction from others besides their biological mothers, and that education should be the major element in this process. In 1900, *Concerning Children* was published, a booklet summarising all of Gilman's ideas about children, and including a critique of traditional forms of child rearing, advocating methods to encourage children to think for themselves rather than blindly to comply.

The concerns of Gilman's non-fiction spill over into much of her fictional work. Literary accomplishment for its own sake was not her goal, as she regarded herself far more as a preacher than a poet, preaching for and to women. Her fiction was thus mainly written as a vehicle for her feminist ideas, and focuses a great deal on themes such as women's domestic life, their economic independence and the tensions between career and family - Gilman firmly believing that, "a woman should be able to have marriage

and motherhood, and do her work in the world".³⁶ In this chapter, my aim is to examine the different ways Charlotte Perkins Gilman stressed that women's confinement to housework and domestic duties often led to mental instability and in some cases complete madness. My view is that, through her fiction, Gilman entered the debate over women and their physical and mental well-being, a debate which was dominated by the male medical profession, refusing to accept most of the ideas promoted by nineteenth century male physicians, such as those promoted by her own doctor, Weir Mitchell.

This chapter aims to examine nineteenth century medical discourse in America as represented in the works of Silas Weir Mitchell and the oppositional voice within Charlotte Perkins Gilman's short fiction. Whatever the differences, almost all of the conflicts over women's mental and physical well-being were the result of this assumption of authority over women by the medical men of late nineteenth century in both England and America, and the ensuing attempt by many literary women to recover through their polemical works and their fiction. The medical world had an increasingly persuasive basis during the last decades of the nineteenth century, providing new scientific explanations and representations of the functions and disorders of the female body. In this chapter, I consider the fictional text as a vital force in contributing and participating in the medical debates of the time. In some cases these texts functioned as agents of change in the cure and treatment of women; in other ways the literary text conveys women's participation in the developments of alternative medical treatments for women - the presence of women doctors in the

fictional text serves to support the emergence of female doctors into the medical profession.

Before moving to Gilman's fiction and elaborating on her techniques in refuting the existing views of women and their bodies and prescribing a new therapeutic regimen, I wish briefly to discuss some of S. Weir Mitchell's views on women and the details of his famous "rest cure" as described in his famous and influential book *Fat and Blood: An Essay on the Treatment Of Certain Forms Of Neurasthenia And Hysteria*. This book was first published in 1877, and almost immediately gained immense popularity and was translated into many different languages. Silas Weir Mitchell's famous "rest cure" was but one of many purported anodynes for women, through which they could be transformed from active, energetic, productive beings into completely inactive, full-fleshed, mentally-drained ones. Mitchell, one of many competing medical men, emphasised women's frailty and physical exhaustion if they undertook any work. Basically, his treatment focused on "renewing the vitality of feeble people" through a combination of rest, fattening diet, massage and in some cases the use of electric shock treatment.³⁷ Mitchell advocated the use of these treatments together, a characteristic which distinguished his treatment. In the first edition of his book, he elaborated on the originality of his treatment, commenting that its value lay in "combining these means" and, by so doing, he believed he had contributed a "novelty" and "a service to [his] profession".³⁸ Of course this was a service to the medical profession rather than to women, for Mitchell's originality of treatment only added to women's problems and ailments instead of providing asylum and comfort, and helped to further the unstated intentions of nineteenth century medical

men by reinforcing conventional female social roles. Even though, in discussing his treatment, Mitchell does not exclude male patients, he clearly states:

The cases thus treated have been chiefly women of a class well known to every physician - nervous women, who, as a rule, are thin and lack blood. Most of them have been such as had passed through many hands and been treated in turn for gastric, spinal or uterine troubles, but who remained at the end as at the beginning, unable to attend to the duties of life, and sources alike of discomfort to themselves and anxiety to others.³⁹

Anaemia was Dr. Mitchell's number one enemy, and he continually emphasised the importance of a fattening diet, stating that a loss of fat also results in the impoverishment of the blood. In other words, "the gain of fat up to a certain point seems to go hand in hand with a rise in all other essentials of health and notably with an improvement in the color and amount of the red corpuscles". Sometimes the loss of weight in women was connected to the menstrual cycle, noting a marked gain in weight between these periods: "I have found that in many women who are not perfectly well there is a notable loss of weight at every menstrual period, and a marked gain between these times." Later in his discussion, Mitchell also notes the relation between season, climate and an "increase in flesh": taking as his example women of the upper classes, Mitchell explains that summer possesses "the best conditions for increase in flesh, not only because it is their season of least work, mental and physical, but also because they are then for the most part living in the country under circumstances favourable to appetite, to exercise, and to freedom from care."⁴⁰ Diet, or "dietetics", was thus an essential part of his scheme: milk was of particular importance to his treatment and strict rules were to be followed - "Use well-skimmed

milk, as fresh as can be had, and, if possible, let it be obtained from the cow twice a day"; milk "ought to be given at least every two hours . . . coffee and tea and caramel or salt can be added to make its use bearable", and, "Where milk is taken alone for weeks or months, it is common enough to observe a large increase in bodily weight." Mitchell believed that a large milk intake would aid the patient's sleeping, and suggested that, to induce greater milk consumption, it was sometimes useful "to employ in place of milk, or with it, some one of the various 'children's foods', such as Nestle's food, or malted drink".⁴¹

Another notable feature of Mitchell's discussion of hysterical women is his amazement at those "fat anaemic people, usually women" who were a "peculiarity". Even though uncommon, this anomaly occasionally occurred in which a woman would gain flesh but continued to lack colour and remained "thin-blooded". He wrote, "Obesity with thin blood is one of the most unmanageable conditions I know of."⁴² In summing up his ideas on flesh and blood, Mitchell mentions the "aesthetic value" of a fat body, especially in "rounding the curves of the human form", introducing a blatantly sexual element into a "scientific" work which clearly has a sexual subtext throughout.⁴³

Mitchell refers to a class of patients among whom are "that large group of women, especially, said to have nervous exhaustion" who are "the despair of the physician", in particular those women within whom "emotional manifestations predominate, and which are then called hysterical, whether or not they exhibit ovarian or uterine disorders".⁴⁴ The symptoms suffered by such women - usually aged between twenty and thirty - are described:

"The woman grows pale and thin, eats little, or if she eats does not profit by it", while, "Everything wearies her, - to sew, to write, to read, to walk, - and by and by the sofa or the bed is her only comfort." Another danger to this kind of patient is "the self-sacrificing love and over-careful sympathy of a mother, a sister, or some other devoted relative", which can prove dangerous for the relative also, as soon as "the healthy life is absorbed by the sick life, in a manner more or less injurious to both, until, sometimes too late for remedy, the growth of the evil is seen by others".⁴⁵ Mitchell explains that the selfishness of many patients, requiring and insisting on continuous attention by nurses and relatives, has led to many nurses falling victim to the same illness as the invalid. In a smaller number of cases there is no "organic" disease at all: the only disorder is that the patient is "below the standard of health and subject to a host of aches and pains", but Mitchell is only able to comment, "Why such people should sometimes be so hard to cure I cannot say."⁴⁶

The majority of Mitchell's ideas reveal a desire to control the female body, which was a great curiosity to him as to many other physicians. He wrote: "As a rule, the worse the case, the more emaciated, the more easy is it to manage, control, and to cure."⁴⁷ From this statement, one concludes that the aim of creating an obese and fully-rested patient was primarily to aid this management and control, in order to reprogramme the patient to accept her assigned social role. The notion of reprogramming brings us to the "moral uses" of the treatment, something close to Mitchell's heart and at the very centre of his medical scheme: "All the moral uses of rest and isolation and change of habits are not obtained by merely insisting on the physical conditions needed to effect these ends. If the physician has the

force of character required to secure the confidence and respect of his patients, he has also much more in his power, and should have the tact to seize the proper occasions to direct the thoughts of his patients to the lapse from duties to others, and to the selfishness which a life of invalidism is apt to bring out. Such moral medication belongs to the higher sphere of the doctor's duties, and, if he means to cure his patient permanently, he cannot afford to neglect them."⁴⁸

Describing the methods of massage, the application of force recurs, but here the force is physical rather than mental. Mitchell explains that male manipulators should work with male patients, and female manipulators with female patients, except "in cases where *strength* is of moment, as in the forced movements and the very hard rubbing needed for old articular adhesions, in which force must be exercised without violence, [as] it is usually impossible to secure the necessary power in a feminine manipulator". Massage is sometimes exhausting for patients and in this case they are given "stimulating concentrated food afterwards", while at times massage is known to cause "sexual excitement" - "in this case it is best to avoid sensitive areas believed to be the genitals, lower spine and buttocks". Nevertheless, "bad massage is better than none", and, he adds, "Very little harm can result from its use even by unskilled hands, provided that reasonable intelligence direct them."⁴⁹

Seclusion was also of extreme importance in helping the physician achieve his desired purpose. Mitchell explains that to make the treatment easier, the patient needs to be away from her "habitual surroundings", as the patient must be separated from "the moral and physical surroundings which have

become part of her life of sickness". Mitchell does acknowledge the severity of this particular aspect of the treatment, despite claiming that the boredom and loneliness associated with seclusion is endured better by women: "To be more or less isolated for two months in a room, with one constant attendant, however good, is hard enough for any one to endure; and certain quite small faults or defects in a nurse may make her a serious impediment to the treatment." Neurasthenic patients were only allowed the visits of doctors or "electrician", and any further visitors were often considered harmful. Mitchell describes weak health among women as a "cherished habit" which must be broken, and states that it is the duty of the physician to change what he views as ill habits cherished by women. He describes a suitable nurse: "Any firm, intelligent woman of tact, a stranger to the patient, is better than the old style of nurse, now, happily, disappearing. The nurse for these cases ought to be a young, active, quick-witted woman, capable of firmly but gently controlling her patient." The nurse must read aloud to the patient and write letters, and, if unsuitable, the nurse must be changed, several times if necessary. No letters should be sent to the patient, but if relatives insist these letters must not contain anything ". . . no matter how trifling, that might annoy a too sensitive person", so all letters must be opened and read first by the nurse.⁵⁰

Mitchell had a particular problem with those women he believed tended to "mimic fatigue" and "indulge themselves in rest on the least pretence, who have no symptoms so truly honest that we need care to regard them". However, in general Mitchell believed that "no harm is done by rest, even in such people as give us doubts about whether it is or is not well for them to exert themselves".⁵¹ It is very interesting that Mitchell singles out this

mimicking of fatigue as particularly problematic, as this would appear to be a area where he could lose control of a patient - where she could perhaps regain some kind of autonomy by misleading the doctor - and this is one of the methods used later in Gilman's fiction.

In summary of the treatment, Mitchell writes:

In carrying out my general plan of treatment in extreme cases, it is my habit to ask the patient to remain in bed from six weeks to two months. At first, and in some cases for four or five weeks, I do not permit the patient to sit up, or to sew or write or read, or to use the hands in any active way except to clean the teeth. Where at first the most absolute rest is desirable, as in cases of heart disease, or where there is a floating kidney, I arrange to have the bowels and water passed while lying down, and the patient is lifted on to a lounge for an hour in the morning and again at bedtime, and then lifted back again into the newly-made bed. In most cases of weakness, treated by rest, I insist on the patient being fed by the nurse, and, when well enough to sit up in bed, I order that the meats shall be cut up, so as to make it easier for the patient to feed herself.⁵²

I conclude that Mitchell's treatment was not developed in order to cure women of their ailments, but in order to control them and to reinforce the conventional female role, reflecting his conviction that the root of such women's sickness is their failure to be women. Thus, the remedies and cures designed by Mitchell and his peers were intended both as a punishment and an agent of regeneration, forcing the woman to acknowledge and abide by her medically-defined femininity. This is also evident in the fact that the importance of the doctor-patient relationship is so stressed by Mitchell, as it should, if properly managed, give the doctor complete authority over the patient's mind and body. Mitchell insists not only on the value of this relationship during the period of treatment, but also on the importance of a continuing relationship between doctor and

patient even after the treatment has ended. He affirms that "occasional visits" and "correspondence" after completed treatment will give the patient comfort.⁵³

In short, Mitchell's "rest cure" was particularly geared towards controlling the emerging "New Woman" - the many women who, like Gilman, could not conform to the feminine ideal and demanded work and independence. These "New Women" of the late nineteenth century posed a real problem for society as a whole, for this kind of female seemed to embody a threat to the social order, and so the system tried to subject her to medical definition, treatment and cure. Obviously Mitchell believed that, after his treatment, women were no longer troubled by their duties and so returned to them with vigour, but Mitchell was also concerned that these women should not in future attempt to go beyond their assigned sphere. Dr. Mitchell went further by strongly projecting these ideas in his almost forgotten fictional writings, which portray submissive women, healthy and content only because they are conforming to the feminine ideal. Catherine Golden, in her essay, "'Overwriting' the Rest Cure", explains in detail how many of Mitchell's female protagonists followed a form of the rest cure.⁵⁴ Mitchell, in both his fiction and his medical work, desired obedience and domesticity for women and nothing else; intellectual women were regarded as a problem, and it is only the medical practitioner in both fact and fiction who can return this type of woman to her prescribed role.

In Mitchell's novel *Characteristics* (1891), and its sequel *Dr. North and His Friends* (1900), he clearly reveals his belief that women make good wives, mothers and patients, but little else. Both novels voice Mitchell's particular

opposition to women doctors, and *Characteristics* is essentially an exposition of his belief that medical studies and practice de-feminize women. At the beginning of the novel, the protagonist, Alice Leigh, is portrayed as "a woman of unusual force of character . . . and intellect (for she is more than merely intelligent)".⁵⁵ Alice wants to do "something which offers an enlarging life", and decides to train as a doctor. However, she receives condemnation from all sides, and Alice's mother is shocked when she discovers the extent of her daughter's ambition: "Now she [Alice] proposes to . . . it is awful. She wants to study medicine, and, oh, you do not know Alice. She is determined." and she complains to Dr. North and requests his help. Inevitably, Dr. North agrees that such ambition should be quickly curbed, and advises Alice against such a course, referring to her plan as a "disease". After being counselled by Dr. North, Alice abandons her plans to practice medicine, and decides to concentrate on marriage and a family. Dr. North, revealing the prejudices of the male nineteenth century medical profession, tells Alice, "I said I did not believe it was best either for the sick or for society for women to be doctors: that personally, women lose something of the natural charm of their sex in giving themselves either to this or to the other avocations until now in the sole possession of a man."⁵⁶ Finally, Alice, cured of her supposed "disease", marries Dr. North, and becomes a representative of the ideals Mitchell prescribed for women in both his fiction and medical writing.

Charlotte Perkins Gilman directly challenged these ideas in her short story, "The Yellow Wallpaper". Through writing this story, Gilman not only defied Mitchell, but also, as Catherine Golden asserts, "[her] creative life and her fiction reveal that she ultimately 'overwrote' Mitchell's efforts to

make her more like the ideal female patients predominant in his affluent medical practice and his fiction".⁵⁷ This chapter begins the analysis of Gilman's shorter fiction with "The Yellow Wallpaper", Gilman's most famous piece of fiction, which is followed by a discussion of "Making A Change", "Mr. Peebles' Heart", "Dr. Clair's Place", and finally "Mag Majorie". All these stories, with the exception of "Mr. Peebles' Heart", show the tensions felt by nineteenth century women who wanted more than the "natural" life prescribed by nineteenth century physicians. The heroines suffer from mental instability and are refused any choice other than that offered by their home and domestic duties. Aware of their social position and forced to conform, they realise that any deviance from the social norm will not be accepted by society, and that the medical professionals will prescribe rest and inactivity as a cure. Clearly some of the themes Gilman was exploring in her fiction include those of the abuses women faced as patients, of the dilemmas facing women condemned by society for wanting both a career and family, and of the pernicious effects of the "rest cure" and of the confinement of women within the home.

"The Yellow Wallpaper" is an autobiographical story, written after Gilman had suffered from the period of mental instability previously mentioned, and had received treatment from the most prominent nerve specialist of the day, Dr. S. Weir Mitchell. "The Yellow Wallpaper" created much controversy when it was published in 1890, especially within the medical profession; some even suggested that some kind of censorship might be suitable, questioning "if such literature should be permitted in print".⁵⁸ As Annette Kolodny points out, the audiences of nineteenth century America, even though accustomed to Edgar Allan Poe's mad characters, were not

prepared to accept or understand a tale of mental degeneration in a middle-class wife and mother.⁵⁹ However, not everyone responded negatively to the story; others, like Dr. Brummel Jones, who wrote to Gilman in 1892, were overwhelmed by the author's "correctness of portrayal", and saw the story as the most "detailed account of incipient insanity".⁶⁰ Gilman never wrote without a purpose, and she later admitted that, "The real purpose of the story was to reach Dr. S Weir Mitchell, and convince him of the error of his ways."⁶¹ Of course, finding a publisher for the story had not been easy; Gilman first sent it to Mr. Horace Scudder, then publisher of the *Atlantic Monthly*, who returned it with the following comment: "I could not forgive myself if I made others as miserable as I have made myself." Strangely enough, Gilman was not disappointed at Scudder's response, because to her this meant she had made her point - "the story was meant to be dreadful, and succeeded".⁶² Finally, it was published in 1892 in the *New England Magazine*, and much later, in 1920, William Dean Howells, the prominent critic, novelist and editor, included Gilman's story in his anthology, *Great Modern American Stories*.

Howells promoted Gilman's literary works throughout her life, and described her as, "The best brains and the best profile of any woman in America."⁶³ Howells originally responded to "The Yellow Wallpaper" as a tale of Gothic horror, but he could not rest until the story was published. Critics have speculated that there were also personal reasons for Howells' support of "The Yellow Wallpaper"; that he (to use his own words) "corrupted the editor of the New England Magazine into publishing it", because he agreed with Gilman's account of the severity of Mitchell's treatment, which was also experienced by his daughter, Winifred, who

suffered and died of nervous prostration.⁶⁴ After many consultations with different doctors, it was agreed that Winifred's ailments had a psychological rather than physiological origin, and Dr. Weir Mitchell, a personal friend of Howells, supervised her case, prescribing the "rest cure". However, after gaining some physical strength, Winifred died while under his care. It has been suggested that this is one of the primary reasons Howells supported Gilman and her work. Joanne B. Karpinski suggests that, although Howells had his reservations about Gilman's work, his "public votes of confidence in Gilman's writing enhanced its credibility and gave it a broader forum than it had achieved on its own".⁶⁵ However, it is clear that, whatever his doubts, Howells had great confidence and personal admiration for "The Yellow Wallpaper".

"The Yellow Wallpaper" possesses great imaginative authenticity and is narrated with extreme psychological and dramatic precision. The narrator is a woman who has been taken by her husband, a physician, to a secluded mansion for a summer stay to help combat a nervous illness, which her husband dismisses as "temporary nervous depression".⁶⁶ The husband does not realise the seriousness of the wife's condition and ignores her complaints, putting her on a programme of isolation and complete rest, the same "rest cure" prescribed for the author by Dr. Mitchell. For the purposes of this study, I place Gilman's story in the context of the social history of women and women's health, in which nervous diseases, hysteria, neurasthenia, and many other debilitating afflictions of the same nature, became common diseases of women living in a masculine world, entrapped, diagnosed and treated by medical men whose intentions were to reinforce

the female social roles upon those women who desired more than domesticity.

The heroine in the story reacts with uncertainty to her husband's diagnosis and disagrees with his rest plan as a cure for her illness. A direct reference in the story to Dr. Mitchell emphasises this point, when the narrator says, "Personally I disagree with his methods. I believe work and congenial company would do me good."⁶⁷ From the beginning, the heroine expresses her resistance to her husband's medical treatment of her case, and has her own opinions on her illness and methods of treatment. Yet, although she disagrees with her husband's methods, her awareness of the social situation of women forces her to understand that her husband's authoritative opinion will be taken as law, especially since he is a physician: "If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter but temporary nervous depression - a slight hysterical tendency - what is one to do?"⁶⁸ Nevertheless, this does not stop her from examining her condition, trying not only to resist her husband's treatment, but to develop an alternative therapeutic regimen. Surrounded by physicians, her husband and brother, like many other women of the time, she is helpless when confronted by the medical man or physician, aware that his authority over her is not merely physical, but that his diagnosis and treatments have the support of the moral majority in society, who believe that in essence such a woman has no individual rights beyond the will of her male "protectors".

The treatment the heroine undergoes is based on complete isolation and confinement. Her husband treats her like a child, insisting that she stay in

her room at all times, a room which used to be a nursery. He forces her to take naps, reads to her before bed-time, and calls her his "little girl".⁶⁹ This infantilization was what nineteenth century physicians, like Mitchell, wanted for their female patients; the reduction of patients to children was an important part of the cure, so as to make the patient solely dependent upon the physician, and the physician her only source of support. The heroine is refused permission even to think of her "condition", but anyway to think about her "condition" is always painful for the heroine, because recognition of her exclusion from the treatment only exacerbates her feelings of helplessness: "John says the very worst thing I can do is to think about my condition, and I confess it always makes me feel bad."⁷⁰ She realises that what makes her feel bad is ultimately her "condition" as a woman in nineteenth century America; her entrapment within the domestic sphere with no individuality or independence, and her inability to participate in her therapy. Since she cannot discuss her condition verbally with anyone, her mind turns to metaphor to express her suffering, and the house becomes a symbolic representation of her entrapment by the medical man. The nursery in particular becomes increasingly agitating for her, and soon she becomes totally obsessed with its "horrid" wallpaper. Ultimately, the narrator sinks into madness and starts to enter an imaginary world full of hallucinations. She begins closely to observe the patterns of the wallpaper, imagining a figure of a woman entrapped behind the paper, and this develops into a vision of the design of the paper as iron bars trapping a woman who is trying to get free. This idea of entrapment is intensified by her description of the house, which resembles an institution rather than a home: "It makes me think of English places that you read about, for there

are hedges and walls and gates that lock, and lots of separate little houses for the gardeners and people".⁷¹

Besides the reference to England - England being the popularly assumed home of insanity at the time, with madness regarded as an English malady and the English as more prone to mental diseases than other nations - the emphasis on walls rather than windows suggests total confinement and isolation in some kind of asylum. This idea is intensified when we learn of the room in which John, the husband, refuses to allow her to stay - a room which has windows covered with roses rather than bars, and which opens out to a "piazza" in the garden. His wife asks if she can stay in this room, but John is more "careful" than "loving", and "would not hear of it". Instead, John insists that she stays in what was once a nursery for children, which has barred windows - though plenty of "air and sunshine" - and "rings and things in the walls".⁷² All these elements intensify the sense of the house as an insane asylum - the rings in the walls are never explained, and it is left for the reader to decide what they were for. One explanation could be that the rings represent the narrator's alternative treatment which includes physical exercise - a treatment Gilman tried before turning to Weir Mitchell, or alternatively the rings could be for children, which increases the sense of the patient's infantilization. Because of her supposed mental derangement, and because this is the room where she is to be treated, the rings and bars inevitably evoke an image of Bedlam hospital, while the many rooms of the house suggest the many wrongly confined women of the late nineteenth century.

Because the patient is also the narrator of the tale, throughout her descent into (assumed) madness she appears more rational and credible than the people around her. As she tells her story, the reader views her arguments and explanations as reasonable, and the narrative style also helps to convey the rationality of her case, giving her the desired authority. Gilman uses brief paragraphs and chopped sentences in order to display the distraught mental state of the narrator, a style which creates what Elaine Hedges calls "a controlled tension".⁷³ This tension increases as the story develops, and towards the climax of the story the narrator uses longer, more convoluted and complex, sentences, to convey the intensification of emotion and excitement as the heroine plunges into total madness. This ambiguous style of narration and its complexity has caused many critics to question the nature of the heroine's madness. Some chose to regard her breakdown as genuine, pointing to the fact that she determines to find a rope needed to apprehend her double behind the wallpaper, that she is reduced to crawling upon the floor by the end of the story, and that there are obvious links with Gilman's autobiographical account of her own breakdown. However, I agree with Richard Fieldstein that, if we consider the heroine's actions as symptoms of real madness, it is difficult to accept Gilman's protagonist as feminist. Instead, an ironical reading of the text turns the protagonist's "regression" into "a cunning craziness, a militant, politicised madness by which the narrator resists the interiorization of authority".⁷⁴

Sandra Gilbert and Susan Gubar assert that the dramatic end of the story reveals that the entrapped woman behind the wallpaper is actually the narrator's self, and that she and the woman behind the wallpaper finally "creep" out of the imprisoning wallpaper.⁷⁵ Their view is that the author of

the text is actually the protagonist: based on Gilman's autobiographical account of her mental instability, the narrator and Gilman are seen as one, telling the story of all literary women. "I wonder if they all come out of that wallpaper as I did."⁷⁶ The narrator has struggled throughout the story to save her sanity, fighting for her individuality, refusing imprisonment and a life of intellectual emptiness, but finally she realises that madness is her only freedom. Gilbert and Gubar thus view the protagonist's madness as a method of escape from the oppressions of patriarchy. Only through madness can the woman confront and conquer her husband's powerful rationality, and symbolically she crawls over him, contrasting his weakness with her newly-found strength: "creeping smoothly on the floor", she screams to her husband, "I've got out". . . . "I've pulled out most of the paper, so you can't put me back!" She has temporarily defeated him, or at least "stunned" him enough to make him faint. "Now why should that man have fainted? But he did."⁷⁷

In "The Yellow Wallpaper", madness becomes linked to the deleterious effects of conventional nineteenth century marriage on women; with no economic independence, freedom or equality, middle-class women were imprisoned within their homes, deprived of any kind of emotional or intellectual growth. Lynne Pearce and Sara Mills, in their Marxist-Feminist reading of the text, confirm that here madness is seen as a "simplistic disruption of the patriarchal order per se"; it is "a very specific depiction of madness, and that the nature of this type of madness is constructed by patriarchal pressure and social convention".⁷⁸ Their reading also argues that the fact that the text is left unresolved at the end is not "a failure in

plot, but rather indicative of the problems with the ideology concerning women and madness".⁷⁹

There is no indication of insanity from the narrative itself; especially in the first half of the text, verbs which refer to rational mental activity dominate, such as to "judge", "think", "believe", and "wonder". The use of these verbs, together with the well-structured sentences, suggests that the narrator is sane rather than insane, and prepares the reader to consider what follows as truth, rather than the ravings of a madwoman. Even when the narrator finally plunges into complete madness, her madness could be seen as physical rather than mental. "Physical" because it does not seem to disrupt her mental faculties, evident from a study of the verbs she uses, which now describe only physical, rather than mental, activity - she "creeps" and climbs" - and from a study of the structure of the narrative, which becomes increasingly dramatic as her "physical madness" increases and she approaches complete animality. However, even though it is evident from the narrator's crawling that she has definitely plunged into madness, she is not confused and does not resemble the typically deranged, confused narrator of other "mad" texts.

The illustrations published with the first edition of the story help expand this point. When the story first appeared, it was published with three illustrations by Jo H. Hatfield, a staff illustrator for the *Atlantic Monthly*, which not only encouraged the original response to the story as a horror tale, but also, as Catherine Golden suggests, encouraged "the traditional conception of the long- and wild-haired madwoman in literature, *Jane Eyre* Bertha Mason a prime example".⁸⁰ The illustrations also back up nineteenth

century medical theories on madness, by emphasising the physicality of her madness, and thus undermine the narrator's triumph over her unconscious husband.

The first illustration is accompanied by the caption, "I am sitting by the window in this Atrocious Nursery", and depicts a respectable woman sitting in a rocking chair, with her hair swept back in a neat bun, secretly engaged in writing. The second has the caption, "She didn't know I was in the Room", and shows Jennie, John's sister and a nurse, with the patient. Jennie seems alarmed and watches the narrator as she stands close to the wallpaper, inspecting its design. The final illustration appears as an end piece, appearing below the line it illustrates: "I had to creep over him every time." This is the most dynamic of the illustrations and deserves the most attention, as there is a dramatic development in the depiction of the narrator. Here we see John, the physician husband, on the floor with his wife crawling over him; the narrator's long dark hair drapes down her back and over her shoulders, while John lies prostrate underneath her, and next to him are the torn strips of the wallpaper. This is symbolic of her possession of authority over John, in a kind of reversal of roles. The narrator's hands are placed directly on top of her husband's head and back, and seem to be checking the once authoritative physician/husband as if he is now the patient. The position of the narrator's right hand, on closer inspection, is placed near John's heart, as if checking for his pulse. The expression on her face is that of concern and concentration, not madness, as she is concerned for her husband and is attempting to help him with the medical power she now has. The illustration reveals John's defeat as a medical authority in the text, and his inability to shape his wife's



"I am sitting by the Window in this Atrocious Nursery."



"She didn't know I was in the Room."



personality. His medical authority fails to keep her as the virtuous Victorian lady, portrayed in the first illustration: the heroine's neat bun is replaced by long and lustrous hair, and her dress appears looser. Thus the first illustration shows the heroine as the ideal Victorian woman, approved of by John, but the last portrays her as a "New Woman" with medical authority - a transformation greatly resented by John who promptly faints at this new vision of his wife. Clearly, Gilman chose that her male character should be both physician and husband so as to show the forces with which she personally fought - first, her battle to conform to Charles' feminine ideals, and second, her struggle with Weir Mitchell and his "rest cure".

Thirty years earlier, in her short story "A Wife's Story" (1864), Rebecca Harding Davis also chose to depict a domineering male character who is both a husband and physician. In 1863, Rebecca Harding was married to Clarke Davis, and only four months after their marriage Davis began to suffer from an "undefined illness", probably nervous prostration. Like Gilman, she turned to physical exercise and took up walking as a cure, and soon began to feel better. However, this recovery did not last, and soon she was under the care of Weir Mitchell. Davis wrote "A Wife's Story" in response to the rest cure, but it is revealing how differently each author reacted to her experiences and how differently the two writers portrayed it in their fictions. As Jane Rose comments, the texts reveal "significant social and ideological changes over that period", as, while Gilman's tale contains a great deal of anger, ambivalence marks Davis' short story.⁸¹ Davis was writing at a time when very few women rejected their domestic sphere, and even fictional characters exhibited limited rebellion. In "A Wife's Story",

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and contradictory.⁸² I also view the wallpaper as a metaphor for women's bodies as defined by the medical man of the nineteenth century, and the strange and confusing theories he devised in an attempt to confine the female body. Ultimately, the pattern of the wallpaper has no meaning, like the pattern of the life she now lives. Even when one attempts to understand its pattern, it "slaps you in the face, knocks you down, and tramples upon you"⁸³, and the heroine's struggle with the wallpaper becomes a thinly-veiled statement of women's imprisonment within a repressive patriarchal society, in which they are trampled on and knocked down by the male physician, who uses undesirable and often incomprehensible treatments to keep them imprisoned. In tearing down the paper, the heroine challenges and triumphs over the confining theories associated with her body. Assuming authority during the course of her "sickness", the heroine tries to discuss her case with John who believes that she is getting better. However, this attempt at discussion is completely rejected by John, who tells her with a "stern, reproachful look" to trust his judgement as a physician: "Can you not trust me as a physician when I tell you so?"⁸⁴ However, John's satisfaction in his wife's progress is because, as he says, "I feel much easier about you", and in this lies his downfall; in controlling his wife through the "rest cure", he feels comfortable, relaxed and in control. The fact that he faints in shock at the end of the story shows not only a reversal in roles, but also the fulfilment of the authoritative role desired by the heroine. Before the fainting, the narrator assumes the role of the physician in attempting to ascribe a reason for John's strange behaviour: she writes, "It strikes me occasionally, just as a scientific hypothesis, - that it is perhaps the paper!" Or perhaps it is what the paper hides, the many violated women entrapped behind it as a result of incompetent medical practice like that of

John and Weir Mitchell, as well as the fear that these doctors experience if these women transgress medical authority. Ann Wood elaborates on John's fit, suggesting that, by fainting, "He has become the woman, the nervous, susceptible, sickly patient, and she wonders with a kind of calm, self-centred vindictiveness fully equal to his former arrogance", and Wood decides that the heroine wins, "at the cost of becoming what he subconsciously sought to make her - a creeping creature, an animal and an automaton".⁸⁵ However, I view the heroine's "creeping" not as an act of animality, but as a repossession of the female body, an authority desirable but only temporarily gained by John's fainting. Plus, in creeping over John's useless body, she assumes medical authority, in questioning his fainting: "Now why should that man have fainted?"⁸⁶ Even though the inconclusiveness of the text and its problematic interpretations increase its ambiguity and questions the validity of my assertions, the text must not be read as simply the description of a woman's nervous breakdown, for this defeats Gilman's didactic purpose in intending the text as a means of preventing medical men from prescribing the "rest cure". Thus, to read the text as a woman's plunge into madness, "is to diagnose the protagonist's case by means of the empirical ontology championed by the protagonist's doctor husband, her doctor brother, and the *sujet suppose savoir*, doctor Weir Mitchell".⁸⁷

"The Unpunished" (1929) is an unpublished detective novel by Charlotte Perkins Gilman, in which she portrays a villainous male character, Wade Vaughn, who is found dead at the start of the novel. The murder of Vaughn is investigated by the detective, Jim Hunt and his assistant (and wife), Bessie. As the investigation proceeds, the evil character of Vaughn is revealed, and

those whom he has mistreated come forward. Vaughn is found dead in his room, and it is first assumed that he died from the multiple stab-wounds and bullets found in his body, but later it is discovered that these injuries were probably performed by a homicidal maniac, after Vaughn had been poisoned. It is finally concluded that the cause of Vaughn's death is a heart attack, induced by the behaviour of his sister-in-law, Jacqueline Warner, whom he had tortured for almost ten years.

Years before, Jacqueline (Jack) Warner and her sister, Iris, fled their paternal home on the realization that their father wanted to marry them off against their will. Iris and Jack married their desired lovers, and Iris bore a daughter and Jack a son, named Hal. However, a car accident then kills both husbands, cripples Jack, and subjects Iris to a nervous breakdown. The villainous Wade Vaughn, taking advantage of Iris's weakness, forces her to marry him, and Jack lives in Vaughn's house as his crippled housekeeper, vowing "obedience and submission". Jack realizes that she has to maintain what remains of her health in order to survive Vaughn's "tyrannical" ways: "Health, that was the first thing. I must live and keep strong. My looks I must simply accept and forget. But air and exercise - for a cripple, that called for ingenuity". Jack feels an obligation to help her sister, Iris, deal with the domineering Vaughn, whose "passion for power was much stronger than his love for her . . . and his love was cruel". Iris has a nervous cough which Vaughn hates and makes fun of, but Jack, despite her hatred for him, decides to bear as much as she can: "I held on and did my best to keep my sister sane."⁸⁸

These two women have to unite against the oppression of Wade Vaughn, especially as his dominance of, and power over, them begins to affect their health. Iris's nervous cough is clearly a result of the poor treatment she receives at the hands of her husband, while Vaughn denies Jack a healthy existence by refusing her surgery to restore her health. Like the oppressive physician in the "The Yellow Wallpaper", Vaughn tries to convince his wife that disobedience and activity of any sort will only cause more nervousness:

"My dear wife", he said, "I think you are still intelligent enough to realize that your nervous condition has its dangers. If you care to remain at home with your sister and your child you must be calmer, more naturally affectionate, more obedient. If you make any noise or disturbance of any sort I am sure that an examining physician would quite agree with me that - restraint was necessary. You need sleep my dear."⁸⁹

Vaughn's authority over the health of both Jack and Iris makes him, in many ways, resemble the dominating physician, with his ability to deny both women the means to a healthy life. Like the heroine in the "The Yellow Wallpaper", Iris attempts to submit to her husband's authority like "a dull patient . . . submissive, and all dressed out in gay stylish things . . . pretending to read, pretending to sew, but her eyes would get big and vague and she'd just there looking at nothing".⁹⁰ She tries to be the obedient wife, but finds the task too difficult, and ultimately decides that suicide is the only way to escape her husband's oppression. The suicide scene is also reminiscent of aspects of "The Yellow Wallpaper", as Iris confines herself to her room, locks the door, and finally hangs herself. Vaughn, like John, the physician-husband of "The Yellow Wallpaper", is furious when he realizes that the door is locked against him, and there being "no answer when he knocked, no answer when he called and shouted, . . . he burst it

in". What appears to anger Vaughn is his exclusion from the room, which he (rightly) interprets as a kind of refusal of his authority over her, and he tries to bring her back to life in order to continue his control; on discovering her, "he tore her down, tried to rouse her, sent for the nearest doctor, but though she had been dead only a little while, was hardly cold yet, it was enough".⁹¹ The suggestion seems to be that it has taken so little to kill Iris because her death-in-life with her husband had already almost destroyed her.

Vaughn also tries to destroy Jack's health, by denying her mobility and vigour, but she survives by taking care of her own health, exercising from her wheelchair and studying nutrition, and chooses revenge rather than suicide, killing Vaughn by posing as her sister's ghost and causing him to have a heart attack. It is also significant that when Jack at last grabs the chance to restore her own health, she does not immediately turn to her physician friend, Dr. Akers, but chooses to take responsibility for herself, announcing to Dr. Akers that she cannot marry him until her problems are resolved. After the discovery of the new will, which gives her an inheritance of three million dollars, Jack:

"took herself . . . to a lovely quiet southern beach accompanied by a competent and agreeable woman Dr. Akers found for her, half maid, half nurse, and there she basked in sunshine and rest, good food and pure air. Then, refreshed and strengthened, to a sanatorium, and a long period of treatment under the artistic skill of modern surgery."⁹²

Gilman chooses to emphasize the importance of the female nurse by making Jack's return to health dependent upon the aid of the nurse, and not on the skill of Dr. Ross Akers, the medical figure of the novel. Intending to "patch

[herself] up" before becoming Dr. Akers' wife, she is claiming authority over her own body and mind. On Dr. Akers' offer of his professional skill and moral support, she declares:

"I want a wide clean space between these black years behind and the bright ones before. And will be patched up as far as possible before I come to you . . . there were so many horrors to put up with that I never gave much thought to my own special disaster - and now somehow it is bigger than anything else."⁹³

Thus, with Vaughn gone and economic independence assured, Jack is at last able to take control of her own body and destiny, and decides - as Gilman believed all women should and must - to make herself utterly complete and whole before entering into an equal marriage.

Even though we are not provided with an alternative for our protagonist, we must understand that Gilman's intention was to find an alternative for suffering women, other than the male physician, who was obviously a primary factor in causing and increasing women's physical and mental discomfort. This alternative is subtly expressed in Gilman's story, "Making A Change" (1912), and later explicitly discussed in the tale "Dr. Clair's Place" (1915). In both stories the heroines are on the verge of suicide and find comfort and solace in female bonding. In "Making A Change", the mentally distraught Julia bonds with her mother-in-law, and in "Dr. Clair's Place", the distraught Octavia Welch refers to a female doctor who permits her to be part of her cure and therapy, allowing her as a patient what was denied by the male doctor, authority over her mind and body.

"Making a Change" is the story of a mother, Julia, a musician before her marriage, who now devotes herself entirely to home and family. Believing

it to be her duty, she insists on retaining sole care of her child, and refusing to hand her child's care over to her mother-in-law, who is willing and confident that she is more competent to care for the child than Julia. Julia is tired and kept awake many nights by her baby, we are told her "nerves were at a breaking point", but she struggles on, determined to do her "duty". Eventually, Julia comes perilously close to losing her mind, and is only cured when she pursues the teaching of music lessons, leaving her child with her mother-in-law who establishes a nursery on the roof for several other children and carers. The situation is therefore improved for all: the mother-in law is much happier to be a nursemaid with fifteen children to care for; Julia finds fulfilment teaching music; and the whole family benefits from the improvement in its financial state as a result of the women's income.

The story therefore implies that the care of children is not always best carried out by the baby's biological mother. The narrator tells us of Julia that she "had not the care of the baby - but lay awake wishing she had".⁹⁴ Her husband, trying to persuade her to allow his mother to care for the child, says that his mother possesses "the real love" that such caring demands, but instead, and against her own wishes, Julia abandoned her music and fruitlessly "bent her mind to the decoration and artistic management of their little apartment".⁹⁵ Programmed as a woman in nineteenth century America to think and believe that her success was dependent on her domestic abilities and on nothing else, Julia sees that an attempt to be anything other than dutifully domestic was unacceptable, considered strange and, at worst, sometimes considered evidence of insanity.

Throughout the story there are implications that, at the denouement, we will be left with another mad, crawling heroine. Detailing the progression of Julia's mental state, the narrator tells us that she is "nearly crazy" and, like "dear John" in "The Yellow Wallpaper", Frank, Julia's husband, "had not the faintest appreciation of her state of mind". Because (ironically enough) Frank's work is in "electric coils" not in "women's nerves", he never noticed the danger in his wife's condition, because he was not a physician. But Frank acts like a physician in reducing Julia to an infant, calling her his "girlie" - echoing the words of the physician in "The Yellow Wallpaper" - and reiterating the general medical theories of the day.⁹⁶ It is clear from this statement, and from the fact that Julia never contemplates seeking the advice of a physician, that what Gilman is stating here is that, physician or no physician, men generally blinded themselves to the mental suffering of women. Physicians, even when aware of women's mental torments, provided women with the wrong prescription, thereby increasing their torment - their advice to live a life of complete isolation and domesticity at home caused an increase in torment and was seldom a means of relief.

Julia's self-imposed seclusion to home and child drives her to a suicide attempt and virtual madness. The narrator tells us that, "Julia was on the verge of complete disaster, more than the family dreamed." The narrator also reveals Julia's state of mind, describing it as "weary", and "exhausted"; exhausted from lack of sleep, Julia goes about the house "staring at nothing" and performs her domestic duties "mechanically", as if programmed like a machine. After bathing the child and making its milk,

she continues "staring straight before her, more weary than ever, but growing inwardly determined". Like the heroine of "The Yellow Wallpaper", Julia locks herself in a room, intending to commit suicide, but is saved by her mother-in-law who with "tender words", says, "Don't say a thing, dearie - I understand, I *understand*." Determination thus comes when the heroine is either on the verge of breakdown or completely losing her mind; but this must be obtained by either female bonding, or as seen later, the intervention of a female doctor. The happy ending is a result of the mother-in-law's idea - the "loveliest plan" - for a nursery run by herself, and music lessons for Julia, and Julia's "weak nerves" are therefore cured not by a male physician but by female bonding, and by meaningful work, again provided by another woman. Frank has no part in her improvement, a fact suggesting that women must come together and reach out for their happiness, rather than go to men, whether experts or not, looking for a cure. Life for everyone improves after this change, but when Frank discovers his wife has been giving music lessons, "he was silent".⁹⁷ Frank's silence is fortuitous for Julia, because in order to recover, she - and women in general - must not seek men's help or advice.

The conditions of Julia's story were "so simple, so usual, so inevitable", because they were similar to those experienced by so many women in the nineteenth century: finding themselves unhappy in their restricted role of wife and mother, they knew that there was no safe alternative, and so the result was either complete mental torment or death. But gradually an alternative was being presented, as suggested by this story, and by its creation of a new place for women. Away from the dominating influence of the nineteenth century physician and his intention to isolate and control

women, it was suggested that women can work *and* have a home. As Julia explains to her husband at the end of the story, "mother showed me the way out, Frank. The way to have my mind again - and not lose you."⁹⁸

In "Dr. Clair's Place", Gilman provides what she believed to be the best alternative for sick women - the female physician. In "Dr. Clair's Place", the centre of absolute knowledge is a female doctor, Dr. Clair, who treats women with wonderful, new methods. This tale recounts the story of a despairing woman, "sunk in internal misery" and on the verge of suicide. Octavia Welsh is thin, pale, absolutely miserable and "hopeless" until, advised by a female stranger on a train - a "graduate patient" of Dr. Clair - to submit herself to the care of Dr. Willy Clair, a female doctor "profoundly interested in neurasthenia - melancholia - all that kind of thing".⁹⁹ Because of Dr. Clair's "developed methods", Octavia regains a healthy body and a sound mind. But what was so special about Dr. Clair's treatment? Evidently Dr. Clair, in her peaceful sanatorium "The Hill", not only provided her patients with "good medical advice" (denied them for so many years), but also provided her patients with both "work and play"; her patients were given access to an "excellent library", allowing them intellectual stimulation, and provided with active work, like "basket-work, spinning, weaving, knitting, [and] embroidery".¹⁰⁰ An important aspect of Dr. Clair's therapy was that nothing was "compulsory", and that the patient was not reduced in status from a woman to a child. Part of Dr. Clair's "Rules and Regulations", which were posted in every room made this clear: "You come here of you own choice, for your own health and pleasure, freely; and are free to go when dissatisfied."¹⁰¹

Dr. Clair's treatment offered what many women desired, the right to have ultimate authority over their bodies and to participate in their own treatment. There was no absolute authority forced on the patient; the relationship between Dr. Clair and her patients was unlike that of the usual "physician to patient", but instead she asked many searching questions, helping her patients to locate the source of their problems themselves. Octavia Welsh's treatment is evidence of this. Upon her arrival at the "Hills", Octavia meets with Dr. Clair who explains that in addition to treating Octavia, she will also make some scientific enquiries; but this is only if Octavia consents. Dr. Clair also shows understanding and does not criticize her patients or their wishes in any way. Dr. Clair says to Octavia:

"Please understand - I do not undertake to cure you; I do not criticize in the least your purpose to leave an unbearable world. That I think is the last Human right - to cut short unbearable and useless pain. But if you are willing to let me study you a little - It won't hurt, I assure you."¹⁰²

Octavia responds to this reasonable explanation with complete trust in Dr. Clair, and says, "you can do anything you want", and thus treatment begins. It begins with "a thorough physical examination" followed by "A Blood-test and All"; then she is given anaesthetics to help her sleep in her beautiful room, which is "fair and shining as the inside of a shell." In this room Octavia is "physically comfortable", and manages to sleep after "bathing, shampoo and massage." Dr. Clair involves Octavia in her own treatment, not only through allowing her to listen to the music of her choice, but also by advising her to keep "a record": of her progress. By Octavia's bed was "a light, moveable telephone, with a little megaphone attached to the receiver, and a long list of records." Octavia "had only to order what [she] chose, and listen to it as close or as far as [she] desired".

She also had the choice of reading "Books and Magazines" and was allowed to drift into "a rose-draped balcony with a hammock where she could "sit or lie". As for the "record", Octavia is requested to keep this as a chart by her bed in which she is to record "when the worst paroxysms come, the overwhelming waves of despair, or that slow tidal ebb of misery."¹⁰³

It is clear that when Dr. Clair encourages sleep as part of her therapy to rebuild the patient physically, she ensures that there is no boredom or frustration involved. She provides comfort through music and books and also avoids any type of frustration for the patient by providing an explanation during the course of treatment. Octavia is happy to receive such explanations and explains that, on her daily visits, Dr. Clair "told [her] about other cases, somewhat similar to [her own], consulted [her] in a way, as to this or that bit of analysis she had made; and again and again as to certain points in [Octavia's] own case."¹⁰⁴

The most interesting part of Dr. Clair's treatment is her introduction of colour, taste and smell as affecting the patient's convalescence. Octavia, as part of her treatment, is given, "A little card of buttons, as it were, with wire attachments," and with a touch of a button she is able to darken her room and fill it with "any lovely hue". Octavia also has "a numbered set of little sweatmeats, each delicious and all beneficial."¹⁰⁵ The different effects produced by the "color treatment" was recorded by Octavia on her chart. (When reading this, one thinks of the nameless narrator of "The Yellow Wallpaper" and the frustration and mental discomfort she allied to the smell and colour of the paper. If only she had a few buttons to push!)

After gaining her physical health and exploring the Hills, Octavia discovers the secret of Dr. Clair's success:

This was her secret. She had people there who were better than music and Color and Fragrance and Sweetness, - people who lived up there with work and interests of their own, some teachers, some writers, some makers of various things, but all associates in her wonderful cures.¹⁰⁶

Octavia is convinced that, "It was the people who did it." It is not just the rest, sleep and massage that cures women but the combination of physical and mental comfort, which is established through contact with people not isolation. Octavia writes a positive conclusive summary of Dr. Clair's treatment emphasizing this point: "First she made my body as strong as might be, and rebuilt my worn-out nerves with sleep-sleep-sleep. Then I had the right contact, Soul to Soul."¹⁰⁷

In this story Gilman presents new therapeutic methods for women, provided by women, and claims for Dr. Clair's sanatorium that it is "the only place in the world where a sick soul could go and be sure of help".¹⁰⁸ The successful treatment of Octavia Welsh proves this; Dr. Clair, unlike her male counterparts, Dr. John and Weir Mitchell, was able to transform Octavia Welsh from a "dead - worse than dead - buried - decayed" human being, into a productive, economically independent, "well woman", serving herself and others by teaching knitting, and working as an "associate" serving "newcomers" to the "Hills".

In the next three short stories to be considered - "The Vintage", "Wild Oats and Tame Wheat", and "The Crux" - Gilman raises the sensitive issue of

venereal disease, a subject with which Henrik Ibsen had shocked audiences of his notorious play *Ghosts* in the early 1880s. Venereal disease was still a significant threat to both men and women in Gilman's day; syphilis and gonorrhoea were difficult to cure, and the detection of both diseases remained difficult. As Dr. Bellair states in "The Crux", "it [took] a long microscopic analysis to be sure" whether or not a person had gonorrhoea.¹⁰⁹ Salvarsan was the drug used for the treatment of syphilis, but this did not become available until 1910, while penicillin was not developed until 1942. Gilman uses the discussion of venereal disease in her fiction to show, once again, the pernicious effect of the actions and practises of the male medical profession during this period, since most doctors preferred to put the rights of the male patient before those of their wives or fiancées, and generally to keep women in the dark about such matters - thereby exposing them to terrible dangers in relation to their health and the health of their children.

In "The Crux" (1910), the potential victim, Vivian, is saved from marriage to an infected male by the intervention of a female doctor, but in "The Vintage" (1916) there is no such person to rescue Leslie Vauremont Barrington Montroy. Leslie "was proud of her blazing health. A big vigorous girl, she was smooth skinned, firm muscled, athletic, tireless, with the steady cheerfulness and courageous outlook which rest so largely on good health."¹¹⁰ She is receiving the attentions of two suitors, Howard Faulkner, "a young doctor" and Leslie's "playmate from childhood", and Rodger Moore, "a college classmate and chum of the doctor". Leslie chooses to marry Rodger Moore, but he is then diagnosed with syphilis by Dr. Faulkner. However, although the doctor informs him in good time,

Moore fails to tell Leslie and chooses to go through with the marriage. Inevitably, Leslie's health is gradually destroyed: when once she "carried the joy of her splendid vigour, the beauty of abounding health", after her marriage she begins to suffer from "strange ailments".¹¹¹ She has a crippled child, then two more are still-born, and while her husband outwardly continues to love his wife, there is a sinister subtext concerning his intentions and feelings towards her. Gilman poses the question: "What did he feel to watch the proud clean beauty of the woman he adored wither and disappear?", but it remains unanswered. Certainly, Moore knew that his marriage would in all probability destroy his wife's health and cause her considerable suffering, and he watches, "as her health weakened, her beauty fled from her, and the unmistakable ravages of the disease began to show". Moreover, Gilman tells us that Moore's love for his wife increases as she becomes totally dependent on his care - "The more she suffered, the more he loved her" - suggesting that such men cherish ill and dependent wives rather more than vigorous and healthy ones.¹¹²

In this story, Gilman highlights the terrible price paid by many women for men's secrecy and desire for control. Leslie was "a decent woman" and so had no knowledge of sexually transmitted diseases: "Her old family physician told her nothing - that was not his place", and so she was "taken away in the prime of her womanhood".¹¹³ Dr. Faulkner's silence, and his presence at both Leslie's wedding and funeral, directly implicates him in her illness and death, as ultimately her two lovers have conspired to destroy the health of a "decent woman", and to transform her into a helpless patient. The story has an open ending; apparently having at last taken some kind of responsibility for the evils that have befallen his family,

Moore tells his crippled son that he must not marry the woman he loves because of the disease, but we do not learn if his son obeys - and the destruction of another woman and her children hangs in the balance.

In the allegorical tale, "Wild Oats and Tame Wheat" (1913), Gilman again portrays a man who "sowed his wild oats", while the woman he intends to marry has "sowed no wild oats, but much tame wheat". The man has enjoyed many years of "gay freedom. . . . He gamed and dined and drank and fought, letting himself go, gaily, flushing the mains of life with full emotion, and he loved - or what he called love - freely, whereby he flattered himself that he learned to know women, and boasted thereof with his fellow scholars. And among other acquisitions he acquired one or two diseases not easily dismissed." In direct contrast, the young woman has been trained, "in restraint and decorum . . . taught to cook and to wash, to make and to mend, to knot and to sew, with such accomplishments as her owners thought would aid her in attaining her one hope - a husband".¹¹⁴ Thus, this innocent "damsel" marries the man in complete ignorance of his "vice and bad habits", and we are left to fear for her future as his wife and the mother of his children.

The short story, "The Crux", which was serialized in *The Forerunner* in 1910, and appeared in its own right in 1911, is a much fuller treatment of this important medical subject. The tale concerns an innocent New England girl, Vivian Lane, whose father firmly believes that, "A girl's place is at home - till she marries." Nevertheless, Vivian wishes to go to college and become a doctor "in a babies' hospital", but her father dismisses the idea as "nonsense".¹¹⁵ As a result, Vivian does not go to college, but she works on

developing her intellect by continually visiting the library, where she reads, "the queerest things - doctor's books and works on pedagogy".¹¹⁶ However, her father tries to prevent these trips by subjecting her to the counselling of the Reverend Otis Williams, who reminds the 25-year-old Vivian of the need for "submission [and] obedience" and that, "The duty of a daughter is not measured by years."¹¹⁷

Vivian later defies her parents and follows the advice of the intellectual and independent Dr. Jane Bellair. Dr. Bellair has already caused some disruption in the town of Bainville, as she has diagnosed the ailments of a group of women (which includes Vivian and her grandmother) as "an advanced stage of Arthritis Deformans of the soul", and has recommended travel to the west as treatment. Vivian admires Dr. Bellair and realizes that this, "breezy woman - strong, cheerful, full of new ideas, if not ideals, and radiating actual power, power used and enjoyed - might in some way change the movement of her life".¹¹⁸ Dr. Bellair does indeed influence Vivian's life soon afterwards: she saves her from marriage to her childhood sweetheart, Morton Elder, by informing her that he has a venereal disease.

The crux of this story is thus of a medical nature, and involves two medical figures completely opposed to one another: the male doctor, the misogynistic Dr. Richard Hale - described as "a woman-hater" who "prefers men patients . . . women he will treat if he must" - and the compassionate Dr. Jane Bellair.¹¹⁹ Morton Elder is Dr. Hale's patient, but Hale refuses to disclose the fact that he has a venereal disease, and is satisfied with the fact that he has warned him not to marry. Dr. Hale

believes that it his "professional honor" not to "betray the confidence of a patient". Yet Dr. Bellair believes that he has a moral and social duty to warn Vivian, and she confronts Dr. Hale, voicing her anger at his silence on the matter: "Are you going to sit still and let that dangerous patient of yours marry the finest girl in town?", and Dr. Hale replies, "I am a physician, not a detective. And I am not Miss. Lane's father, brother, uncle or guardian."¹²⁰

Dr. Hale does not consider that his professional duties extend beyond the treatment of his individual patients, whereas Dr. Bellair, with her more expansive and compassionate vision of the role of a medical practitioner, regards the protection of patients from unnecessary infection as a social and moral obligation. The information concerning Morton's illness is disclosed to Dr. Bellair by another woman, who has herself been a victim of such a disease and is now left with a blind son. This woman urges the doctor to tell Vivian: "You must save her, doctor - you will! I was young once . . . I did not know - as she does not. I married, and - that came to me! It made me a devil - for a while. Tell her, doctor if you must; tell her about my boy!"¹²¹ Dr. Bellair talks to Vivian "woman to woman", and here we discover her own misery - that she was once married to a man who had gonorrhoea, and that there was never any possibility of having children. Her marriage lasted three years, after which Dr. Bellair committed herself to medicine, with the idea of saving and helping other women: "When I found I could not be a mother I determined to be a doctor, and save other women - If I could."¹²²

Dr. Bellair gives Vivian a full clinical explanation of the terrible consequences of the disease:

"You may have any number of still-born children - year after year. And every little marred dead face would remind you that you allowed it! And they may be deformed and twisted - have all manner of terrible and loathsome affections, they and their children after them - if they have any. And many do! Dear girl, don't you see that's wicked?"¹²³

Vivian is thus forced to recognize the horrific implications of Morton's condition, (including his intended betrayal of her), and bitterly laments her ignorance of such vital information: "A feeling of unreasoning horror at this sudden outlook into a field of unknown evil, was met by her clear perception that if she was old enough to marry, to be a mother, she was surely old enough to know these things; and not only so, but ought to know them."¹²⁴

Here, Gilman powerfully voices the need for the education of women on sexual and medical matters, as it was general medical practice to keep women in total ignorance of such diseases. It is the female doctor, in Gilman's stories, who will free women from the dangers of ignorance, and will promote education, knowledge, and enlightenment. Female doctors not only provide women with the proper treatments, but also in many cases provide them with medical knowledge that will protect them from the evils around them. As Vivian's grandmother states, "All this about gonorrhoea is quite newly discovered - it has set doctors by the ears. Having women doctors has made a difference too - lots of difference."¹²⁵ She continues:

"We bring up girls to think it is not proper to know anything about the worst danger before them. Proper! - Why my dear child, the

young girls are precisely the ones to know! it's no use to tell a woman who has buried all her children or wishes she had! - that it was all owing to her ignorance, and her husband's. You have to know beforehand if it's to do you any good. . . . Women are waking up to this all over the country, now. Nice women, old and young. The women's clubs and congresses are taking it up, as they should. Some states have passed laws requiring a medical certificate - a clean bill of health - to go with a license to marry."

Women will thus be able to rid themselves, and the world, of such disease through knowledge: they should not, "be afraid of knowledge. When we all know about this we can stop it! Think of that. We can religiously rid the world of all these 'undesirable citizens'."126

Inevitably, such female doctors are resisted by all the male characters of the story. Early on in the tale, Mr. Lane complains of a cold, and Vivian recommends Dr. Bellair's therapy of "out-door air", but her father replies, "Dr. Bellair has not been consulted in this case. . . . I'm quite satisfied with my family physician. He's a man, at any rate." Later, Vivian's mother exclaims: "Save me from these women doctors!", while her husband states categorically that, "The Lord certainly set down a woman's duty pretty plain-she was to cleave unto her husband".127 Another such incident involves the sick Morton Elder, who complains of a sore throat and suddenly finds himself surrounded by women offering to nurse him. His aunt recommends that he consult Dr. Bellair, since she was due to arrive at any minute, but instantly Morton becomes hostile and replies, "She can just go out again. . . . If there's anything I've no use for it's a woman doctor!" One of the other women (Mrs. Pettigrew) recommends camphor, producing a little bottle and urging it upon Morton. This time he shows a more severe resistance and "put his hand to his lip and backed away",

saying, "If you ladies don't stop trying to doctor me, I'll clear out tomorrow, so there." Finally, Morton confirms his hostility by leaving the room: "He sidled to the door and fled in mock terror."¹²⁸

Once she has refused Morton Elder, Vivian is helped by Dr. Bellair to establish a kindergarten, and this new occupation is successful in, "slowly but surely steadying the nerves and comforting the heart". Meanwhile, thanks to her new-found economic independence, Vivian "began to hold her graceful head insensibly higher, to walk with a freer step." Her responsibilities increase when Dr. Bellair places her as an instructor of "physical culture" for young children, and later she helps the doctor plan and organize a girls' summer camp. Vivian's experience also leads her to develop "a fresh interest in her own body and the use of it" - implying that Vivian's independence has led to all-round health - in body, as well as in mind and spirit.¹²⁹

While the salvation of female victims by a female doctor is central to many of Gilman's stories, she also depicts the salvation of male patients by female medical practitioners, particularly in relation to her concern with the rest cure. In "Mr. Peebles' Heart" (1914), Dr. Joan Bascom prescribes a cure for her brother-in-law who is on the verge of a nervous breakdown, and her prescription is very different from that of Weir Mitchell's enforced "rest cure". Dr. Bascom believes that her male patient is suffering from the effects of his confining occupation, and thus prescribes two years of independent travel, which greatly benefits his health.

Dr. Joan Bascom moves to Ellsworth intending to work as a doctor. Dr. Bascom was not like her sister "a lady of leisure", she was very "different from any woman . . . different from her sister as day from night, and, in a lesser degree, from all the female inhabitants of Ellsworth".¹³⁰ Her background is summarized:

"She had left home at an early age, against her mother's will, absolutely run away; but when the whole countryside rocked with gossip and sought for the guilty man - it appeared that she had nearly gone to college. She worked her way through learning more, far more, than was taught in the curriculum, became a trained nurse, studied medicine, and had long since made good in her profession."¹³¹

Dr. Bascom, after observing Arthur Peebles "first professionally, then with a deeper human interest", realizes that this man is unhealthy and suffering. Mr. Peebles has been the "slave of duty" most of his life, supporting most of the women in his family. First his mother, then sister, his daughters, and now he is left to care and support his wife, Emma. Mrs. Peebles was a "selfish woman, made more so by her husband's unselfishness", and she was completely unaware of her husband's bad condition, which was immediately acknowledged by her sister.¹³² Emma did not "seem to think of him till Dr. Joan seriously inquired her opinion as to his state of health"; and even then shows complete ignorance of her husband's condition saying "Why he's always well. Never had a sick day in his life - except now and then he's had a kind of a breakdown", and the last part of this statement is only added as an "afterthought", which shows Emma's selfishness and lack of sympathy for her husband.¹³³

Mr. Peebles did not complain, was unaware of the dangers confronting him, and continued to perform his duties, working in his store and continuing as a supportive husband until Dr. Bascom alerts him to the dangers of his condition. Dr. Bascom's treatment begins with questioning Mr. Peebles. She asks him what his likes and dislikes are, and discovers that he does not like working in the store and that his dream has always been to "Travel!", and if he had been given a choice of a profession it would have been "Music!"¹³⁴ The doctor later integrates the patient's interests and wishes and makes that a part of his treatment. Doctor Bascom begins therapy by buying Arthur, against Emma's wishes, "a noble Gramophone with a set of first-class records", and "Arthur had his long denied pleasure in peace".¹³⁵ These initial stages of Dr. Bascom's therapy prove successful, for Arthur possessed "a new fire in his eyes".¹³⁶ Finally, the doctor makes her "bold attack" and prescribes the ultimate cure of two years' travel in Europe. Before providing Arthur with this prescription, Dr. Bascom tests the patient's faith in her as a female doctor:

"Arthur", she said, "Have you confidence in me as a physician?"

"I have," he said briskly. "Rather consult you than any doctor I ever saw."

"Will you let me prescribe for you, if I tell you you need it?"

"I sure will."

"Will you take the prescription?"

"Of course I'll take it - no matter how it tastes."

"Very well. I prescribe two years in Europe."

He stared at her, startled.

"I mean it. You're in a more serious condition than you think."¹³⁷

Arthur Peebles' confidence in Dr. Bascom, expressed in this passage, confirms Gilman's faith in the female doctor. Later, the success of Dr. Bascom's prescription also proves that women can heal both men and

women, and that male patients, like Mr. Peebles, should trust the competence of the female doctor. Arthur Peebles trusts in Dr. Bascom, follows her prescription, and as a result returns a "younger, thinner, an alert vigorous man, with a mind enlarged, refreshed, and stimulated".¹³⁸ Upon his return, he finds his wife "agreeably changed, having developed not merely tentacles, but feet of her own to stand on". Although Dr. Bascom is primarily concerned with Mr. Peebles' heart, her prescription of travel also causes Emma to become a more independent woman, solving many of the sexuo-economic problems expressed in the story. Emma's mind at last "began to show signs of fruitfulness", thanks to Arthur's travel letters and Emma's own limited travelling to her daughter's.¹³⁹

The most elaborate expression of Gilman's belief in the value of the female doctor appears in her story "Mag Marjorie", which appeared as a serial in *The Forerunner* in 1912. At sixteen, Mag is seduced by Dr. Armstrong, a mature gynaecologist, who "makes a business of being bad".¹⁴⁰ Luckily Mag is rescued by Miss Yale, "a woman of wide and varied experience in mending broken lives".¹⁴¹ Upon discovering Maggie's pregnancy, Miss Yale encourages her "to live, work and succeed" and to "be a doctor" like Dr. Armstrong, and "get ahead of him in his own line".¹⁴² Maggie accepts Miss Yale's help, on the condition that she will pay her back every penny spent. Miss Yale views Maggie as "a human investment", and plans to mend little Maggie's life. She discreetly take Mag to Europe, where she changes Maggie's name to "Marguerite La Salle". After the birth of Maggie's child, Miss Yale adopts the child and leaves Mag free to continue her education. "I hope she'll choose the medical profession," said Miss Yale, "We need women there."¹⁴³ Miss Yale encourages Mag to be a doctor, because such a

profession has "an honourable and paying position in the world", and this "useful and respected" profession will enable Mag to "save life - to heal the sick; to help women and children - men too."¹⁴⁴ Mag promises to fulfil Miss Yale's wishes: "Miss Yale! You can trust me! I won't fail! I'll do just as you want me to. I'll be a doctor. I'll be a good one!"¹⁴⁵ Mag returns to Boston after ten years as a successful doctor, under the name of Margaret Yale. The story ends with Mag combining a career and marriage to Dr. Newcombe, a respected paediatrician who, unlike Dr. Armstrong, respects Mag's profession and does not discourage the presence of women in medicine.

In this story, Gilman portrays a female doctor as the rival of two male practitioners. Finally, the female doctor conquers. Through Dr. Armstrong, Gilman expresses the hostility of the medical profession towards women. Dr. Richard Armstrong may have a "strong arm" over Maggie at the beginning of the story (as his name implies), but this is only temporary, since in the end he fails to have any medical power. In describing Dr. Armstrong's seduction of the "fresh and innocent Maggie", Gilman shows Dr. Armstrong's medical knowledge as aiding his seduction of Mag. Richard Armstrong knew:

"the mechanism of the human body, and its imperious laws; he knew from small successes of his college days and the more serious adventures of later years, the best lines of approach; when to stop, when to advance, when to withdraw".¹⁴⁶

His relationship with Maggie, which is seen only as a "Summer's amusement", is described here as a kind of invasive surgery on Mag's body. Dr. Armstrong's medical experience adds to his "strong arm" over

women, and because of his medical knowledge, he has more power over Mag. Yet this does not last, since Mag rebels by learning that same medical knowledge which will empower her. Once she returns to Boston as Dr. Margaret Yale, she is completely changed, and Dr. Armstrong, not recognizing Mag, attempts once again to win her over, but fails. Dr. Armstrong fails because Mag is now a changed person; Miss Yale has helped to "care for body and mind", and in her time away from Boston, Mag, in addition to a good medical reputation, "had built up . . . a vigorous body, graceful, strong, alert, skilfull in many ways; a fine mind, clear, well-ordered, stocked with knowledge, trained in high uses."¹⁴⁷ Mag now has the empowering medical knowledge needed to help her control and care for her own body, and to conquer Dr. Armstrong.

The remarkably unenlightened Dr. Armstrong regards the idea of women doctors as "ridiculous", and thinks that "a woman is a woman, and anything beyond that makes her ridiculous".¹⁴⁸ Throughout the story, Dr. Armstrong does not acknowledge Mag's professional status; he views it as "foolishness of youth", regarding it as something she will eventually "outgrow". He refuses to address her by her professional title, insisting on calling her "Lady Margaret" rather than Dr. Yale. He admits this hatred, declaring that, "professional titles do not belong to women", and that men should fight this in every way: "No man - that is a man - would be willing that his wife should have a profession."¹⁴⁹

Dr. Armstrong is also against Miss Mary Yale's unconventional lifestyle, and "he never talked to her if he could help it". He resented her life as a single woman, for he measured:

"womanhood . . . on strictly physiological grounds, and its brief span was between fifteen and forty. After that these petticoated persons were officially nonexistent, and ought to act as if they knew it."¹⁵⁰

This passage suggests that since Dr. Armstrong based his view of "womanhood" on "physiological grounds", and he also based his medical practice on such grounds. Like many nineteenth century physicians, Dr. Armstrong wants the "natural" life for women, clearly stating that "anything's foolish for a woman, except what the good Lord made her for".¹⁵¹ Before Mag's marriage to Dr. Newcombe, Dr. Armstrong tries several times to win Mag's love. He proposes marriage based on the assumption that, "no true woman would hesitate for an instant between a profession and - Love".¹⁵² He tells Mag that she must end her career in medicine if she is to marry him. She refuses, voicing her dedication to her profession: "I am a physician - and a physician I remain - married or single."¹⁵³ Finally Mag stuns Dr. Armstrong with her true identity and "dismisses" him. After his departure, Mag stands "triumphant" as the successful and most powerful medical figure in the story.

Prior to this explicit victory, Mag's triumph over Dr. Armstrong is metaphorically expressed through games and sports. Dr. Armstrong "could not bear to have her master him, even in child's games". However, Mag was "armed at every point . . . and in her easy victory in the small sports, he felt as if he was losing ground instead of gaining it".¹⁵⁴ Mag beats him three times at chess, each time Dr. Armstrong tries to play better, but is defeated again. Mag's victory at chess is followed by her victory at fencing. Her "concentrated mastery" and "lightening swiftness" causes her opponent

to stand "disarmed, looking in dumb amazement at his fallen weapon".¹⁵⁵ Dr. Armstrong's longing "to conquer" Mag professionally is not achieved.¹⁵⁶

Mag finally marries Dr. Newcombe; as his name implies, he has "come with new ideas". Before Dr. Newcombe proposes marriage, he proposes a "professional partnership. *Newcombe and Yale. Yale and Newcombe, MDs.*"¹⁵⁷ Although Mag appears to be equally competent as Dr. Newcombe, he declares that his "honorable place in the profession" does not compare to Mag's "spectacular position". He believes his work will complement, but not exceed, Mag's achievements: "You are a brilliant young specialist - you'll go far. But I think I can be of enough service to you to make it worth your while - especially at present."¹⁵⁸

Gilman also used the genre of utopian fiction, in order to explore the failure of, and female alternatives to, patriarchy. Throughout her utopian writing, Gilman offers an alternative model for human society, presenting, as Carol Kessler affirms, "realizable visions of change that people could begin to approach".¹⁵⁹ Kessler suggests that Gilman's writing fits into a literary genre that can be called "cultural work", defined by many critics as an "attempt to redefine the social order" and to create a system of beliefs, values, and ideas offering new meaning and a new way of life.¹⁶⁰ The utopian vision in Gilman's fiction offers real alternatives for women, advocating changes in gender relations and the rejection of female subordinate roles. Kessler states that, "The cultural work, then, of the utopian fiction of Charlotte Perkins Gilman is proclaiming the belief that the female half of humanity not be confined to one traditional mode of

being - wife/motherhood, but fill as varied social roles as male counterparts, that the female work of society be valued equally with that of the male."¹⁶¹ Gilman believed that medicine was a very important career alternative for women and she pursued this idea in her writing.

One major characteristic of Gilman's utopian fiction is that she creates, in Kessler's words, a "realizable utopia", which is neither impractical nor unrealistic, and which offers imaginative alternatives for a future society. Thus, Gilman did not use her fiction as a mirror to reflect society, but as a tool for creating it, exploring the potential of the utopian principles she propounded in her non-fiction. Her most successful novel, *Herland*, is in fact a reversal of "The Yellow Wallpaper", her utopian writing showing women less as victims and more as victorious agents of social reform. Kessler continues: "'The Yellow Wallpaper' articulates the conditions for women against which she wrote her utopias."¹⁶²

Kessler explains that Gilman's utopian writing, which appeared in both her fiction and non-fiction, began with descriptions of small social units, organized around ideas of co-operative housekeeping and child-rearing. Later, Gilman used the short stories in her magazine, *The Forerunner*, to voice her utopian ideas, which eventually came to fruition in the short fictional piece, *Herland*. Gilman's utopian fiction as a whole offers a vision of social transformation which provides almost limitless possibilities for women, with positive changes for men and in masculine roles also.

The short story "Maidstone Comfort" (1912) is an idealized tale of female solidarity and independence, and anticipates the social reform ideas present

in "Bee Wise" and "A Council of War". Maidstone Comfort is a summer resort which offers rest and solace to women. It features kitchenless cottages, private bathrooms and beautifully landscaped grounds, and was, unsurprisingly, established by women: Sarah Maidstone Pellet is the owner and manager, while Mrs. Benigna MacAvelly is the fund-raiser who introduced Sarah Maidstone to the inheritor of the land, Molly Bellew. The story is divided into two sections and is narrated by a female friend of Mrs. McAvelly's. The first part of the story introduces Sarah Maidstone Pellet as a resident of Pellettville (later to become Maidstone Comfort), which is described as a "dull little town near the shore - a shore of long, flat beaches. . . . It was a difficult place to get to, involving a tedious stage drive from a remote and desolate little station."¹⁶³ Sarah Maidstone Pellet had shown "marked capacity in her schooldays" and everyone prophesied "a career" for her, but she married and the "once brilliant girl" now uses her "strength of character . . . in self-restraint". Sarah married a "young medical student, in whom she had unlimited faith". She always "meant to do something worth doing, and be proud of her name, as a man was", but because Sarah expected her husband "to do great things" she gave up her own ambitions, since she loved him and "thought it was her duty to give in to him". However, Sarah has finally taken a stand against him over her daughter's education; she wants her daughter, Sally, to go to college, but her husband, Dr. Pellet, considers the idea "ridiculous - says so and he won't put up the money". Dr. Pellet is very "opinionated", firmly believing, for example, that "women should never be trusted with money" as they have "no business sense".¹⁶⁴ Nevertheless, Sarah proves him wrong in the second part of the story, when she and her female business partners

successfully establish a fee-paying summer residence for women, Maidstone Comfort.

The houses of Maidstone Comfort lay along the beach, "each bedded in its green garden, as bright and varicolored as spilled beads . . . vines and shrubs and trees and bushes, rose-vines nodding over porch and window, honeysuckle heaped along the walls, outbursts of rambling portulaca and soft woolly petunias - the houses were like big flowers surrounded by little ones, giving an effect of indescribable opulence and beauty". This scene of peace and beauty is reminiscent of the coloured rooms in "Dr. Claire's Place", which also provide great comfort for the ailing patient. The women of Maidstone Comfort come to the resort because they find it both "restful and pleasant"; there are no servants, but rather "skilled employees who come in by the hour. One just takes comfort here."¹⁶⁵

It is significant that in this utopia, Gilman once again introduces a male medical figure as an impediment to female progress. Not only has Dr. Pellet prevented Sarah from continuing her education and obtaining a degree, but it is also suggested, because the town carries the doctor's name, that he is complicit in the town's dullness, and that he has somehow stifled not just his wife's personal development, but that of all the women in Pellettville, through his medical practices. The stagnant and lifeless atmosphere pervading this unattractive town, described in the opening of the story, becomes a symbol of the restrictions imposed on the women who live there, which in turn exacerbates its dullness and ugliness. On the other hand, when women are allowed to fulfil their potential, we receive the

contrary image of life and growth in the descriptions of Maidstone Comfort.

As the creation of a woman once deprived of autonomy, Maidstone Comfort is a symbol of female power and independence, and it is through the running of this establishment that Sarah and the other women find autonomy, while helping others to do the same. Maidstone Comfort is a utopia which shows women's ability to progress when freed from male dominance. Once she has freed herself from the stultifying influence of Dr. Pellet, Sarah is able not only to establish Maidstone Comfort, but also to reach economic independence and send her daughter to college. Thus, Sarah usurps her husband's power, while cleverly making him believe that it was, in fact, all his own idea.

Gilman's short story, "Bee Wise" (1910), anticipates the woman-centered world featured in *Herland*. The tale tells of two reporters who are investigating the towns of Bee Wise and Her Ways, which were both built swiftly and quietly, but are now attracting outside attention. Her Ways is a seaport, and Bee Wise lies beyond the hills in a delightful valley, but the peculiarity of these two towns is that their population consists primarily of women and children. Although there are some men among the inhabitants of the town, they remain strangely oblivious to the "peculiar ultra-feminine" quality of the settlement. The woman reporter, conducting a much deeper investigation than her male counterpart, finds that the mayor of Her Ways is an old college friend of hers, and that the roots of the community lie back in those college years. At that time, three senior college girls decided to establish a small, secret sorority called "The

Morning Club", at which they held "endless discussions among themselves, with big vague plans for future usefulness". The group consisted of the "Mother", named because her being was dominated by her love of children, the "Teacher", and the "Nurse", with also a "Minister", a "Doctor" and a "Statesman".¹⁶⁶ The year before graduation, one of the girls inherits ten million dollars from an uncle, and proposes a plan which results in the establishment of Bee Wise and Her Ways:

"Here's my plan. Part of this property is land, land and water, in California. An upland valley, a little port on the coast - an economic base, you see - and capital to develop it. I propose that we form a combination, go out there, settle, build, manage - make a sample town - set a new example to the world - a place of woman's work and world-work too."

They all agreed to plan this town as a place, "by women - for women - and children! A place that will be of real help to humanity."¹⁶⁷

The women proceeded to create a utopian community, in which they established and managed their own industries, produced their own foods, and even secured a "modest export of preserved fruits." Also:

. . . they raised Angora coats. . . Cotton too they raised, magnificent cotton, and silk of the best, and their own mill supplied their own principal needs. Small mills, pretty and healthful, with bright-clad women singing at their looms for the short working hours. From these materials the designers and craftswomen, helped by the Artist, made garments, beautiful, comfortable, easy and lasting, and from year to year the demand for "Beewise" gowns and coats increased."¹⁶⁸

A very important institution in this female society is the sanatorium, "Where the Doctor and the Nurse gathered helpers about them, attended to casual illness, to the needs of child-birth, and to such visitors who came to

them as needed care."¹⁶⁹ In many such stories, Gilman addresses the need for competent doctors and good health care in order to complete the utopia. Bee Wise also has a "pleasure garden for all manner of games, gymnastics and dancing, with wide courts and fields and roofed places for use in the rainy season" - again, all part of what Gilman considered to be essential to the promotion and preservation of women's mental and physical health. Everyone in Bee Wise worked and that was the "condition of admission". As for child-care, Bee Wise practised the newest methods of education and child development:

"Froebelian and Montessorian ideas and systems were honored and well used, and with the growing knowledge accumulated by years of observation and experience, the right development of childhood at last became not merely an idea, but a commonplace. Well-born children grew there like the roses they played among, raced and swam and swung, and knew only health, happiness and the joy of unconscious learning."¹⁷⁰

Obviously such child-care freed mothers to be of more use to society, and saved them from the strenuous tasks of motherhood which so often subjected them to ill health, and which Gilman regarded as so detrimental to the position of women in society. The success of Bee Wise and Her Ways is proof, in Gilman's words, that, "wherever there were a few hundred women banded together their combined labor could produce wealth, and their combined motherhood ensure order, comfort, happiness, and the improvement of humanity".¹⁷¹

The short story "A Council of War" (1913) focuses on a society faced by the onset of war, and a group of women "of a deadly earnestness" who attempt to establish a governmental group called the "Extension

Committee". The group consists of between twenty and thirty "vigorous and healthy" working women, who have determined to reveal the "evil results of male rule", and have written a brief document to this effect, entitled "The Human Error", which is read to the group and describes the evils of patriarchy, "as affecting the health, beauty, intelligence, prosperity, progress and happiness of humanity, in such clear and terrible terms, with such an accumulating pile of injuries, that faces grew white and lips set in hard steely lines as they listened".¹⁷² The women determine to begin with an "organization of women, growing and strengthening against the time when it may come forward in full equality with that of men; a training school for world- politics". They envision that this "may become a world group, holding international meetings and influencing the largest issues", but propose to begin with "a series of business undertakings . . . farms, market gardens, greenhouses, small fruits, preserves, confections, bakeries, eating-houses, boarding and lodging houses, hotels, milliners and dressmakers' shops, laundries, schools, kindergartens, nurseries - any and every business which women can enter". They agree as far as possible to employ women only, and, "when men are needed, [only] employing the right kind". On the surface this organization aims for immediate results, but "underneath it means a great growing association with [a] steady increase of power". Thus, what these women wish to achieve is, above all, Gilman's long desired goal of complete economic independence for women. These women intend to become "owners of halls to speak in, of printing and publishing offices, of paper mills perhaps . . . to guarantee that foundation stone of all other progress, economic independence".¹⁷³

The small commanding group of women in "A Council At War" is expanded into a whole society of governing women in Gilman's *Herland* (1915). Gilman hoped that her utopian writing would stir women and influence their behaviour and aspirations. In this short fictional piece, Gilman portrays a society of women through the eyes of three male scientists, Terry O. Nicholas, Jeff Margrave, and Vandyke Jennings. These three men have heard of a very dangerous all-female country, from which no one has ever returned. What they learn of Herland is that it is "a land of women - no men - babies, but all girls. Some had gone to see - none had come back."¹⁷⁴ The men decide to search and investigate this strange land, equipped with their "scientifically compressed baggage". However, upon their arrival, they are astonished by the beauty and civilization of the land, which leads them to assume that men must be responsible for its creation, and to spend much of their stay searching for the men they are convinced are present somewhere. Their study of the country reveals, "a land in a state of perfect cultivation, where even the forests looked as if they were cared for; a land that looked like an enormous garden", and declaring the land "a *civilized* country ", they begin their investigations.¹⁷⁵

The scientists' interest in Herland is the perfect vehicle for Gilman to explore once again the theme of women as the scientific subject of men; but here, she shows a whole society of women under the microscope, rather than just one woman, as happens in "The Yellow Wallpaper". However, a reversal takes place, and instead of the women being exploited or imprisoned by these male scientists, it is the three men who are captured, and who remain under female power for the entirety of their stay. The men are seized and reduced to the status of children or inferior citizens:

they feel like "small boys, very small boys, caught doing mischief in some gracious lady's house".¹⁷⁶ Thus, it is the men who are infantilized, while the women are strong, powerful and in control.

Furthermore, the women of Herland are surprisingly healthy; the scientists "looked for nervousness - there was none. For terror, perhaps - there was none. For uneasiness, for curiosity, for excitement - and all [they] saw was what might have been a vigilance committee of women doctors, as cool as cucumbers, and evidently meaning to take us to task for being there." Thus the men are usurped of their scientific male power and become instead the object of inquiry:

Instantly each of us was seized by five women, each holding [an] arm or leg or head; we were lifted like children, straddling helpless children, and borne onward, wriggling indeed, but most ineffectually. We were borne inside, struggling manfully, but held secure most womanfully, in spite of our best endeavors.¹⁷⁷

The women use anaesthesia to subdue the men, before they subject them to a most "peculiar imprisonment". The "peculiar" nature of the imprisonment lies in its contrast with the kind of incarceration generally inflicted by men on female patients. The male narrator describes his experience of this confinement upon waking:

"The most prominent sensation was of absolute physical comfort. . . . I was lying in a perfect bed: long, broad, smooth; firmly soft and level; with the finest linen, some warm light quilt of blanket, and a counterpane that was a joy to the eye. The sheet turned down some fifteen inches, yet I could stretch my feet at the foot of the bed free but warmly covered." [He lay in] "A big room, high and wide, with many lofty windows whose closed blinds let through soft green-lit air; a beautiful room, in proportion, in color, in smooth simplicity; a scent of blossoming gardens outside."¹⁷⁸

This is in strong contrast to the room within which the protagonist of "The Yellow Wallpaper" is confined - there are no bars on the windows, and the bed is not nailed to the floor. However, the infantilization of these men remains profound; they "have been stripped and washed and put to bed like so many yearling babies - by these highly civilized women", although they also understand and appreciate that the women "haven't hurt [them] in the least".¹⁷⁹

The men do not know the language of Herland and are required to learn it, but once they begin to communicate successfully with the women they discover the unique qualities of this civilization, which is continually contrasted with their native land. Each of the men is assigned their own special tutor, but soon they become "tired of [their] imprisonment" and plan to escape. This plan fails, and on their recapture they are subjected to a more severe imprisonment - although this does not involve any kind of mental or physical punishment, but simply increased surveillance. This greatly surprises the scientists, as they are of course accustomed to punishing female patients who attempt to escape male scientific power: "Of course we looked for punishment - a closer imprisonment, solitary confinement maybe - but nothing of the kind happened. They treated us as truants only, as if they quite understood our truancy."¹⁸⁰

The women of Herland function as one big family: "they had no enemies; they themselves were all sisters and friends". They are freed from the burden of child raising because there no single family unit exists - the entire community acts as one. Child rearing is a collective process, while

no men are required, as reproduction is achieved parthenogenetically. The women all possess "high ideals . . . Beauty, Health, Strength, Intelligence, Goodness - for these they prayed and worked", and their harmonious way of life has produced great benefits for the community:

"Physiology, hygiene, sanitation, physical culture - all that line of work had been perfected long since. Sickness was almost wholly unknown among them, so much so that a previously high development in what we call the "science of medicine" had become practically a lost art. They were a clean-bred, vigorous lot, having the best of care, the most perfect living conditions always."¹⁸¹

Clearly, Gilman is arguing that it is the strenuous and limited condition of women's lives which keeps them subject to medicine and its practitioners: if in reality women lived as they do in Herland, free from all male oppression and authority, there would be no need for medicine at all. The men "expected hysteria and found a standard of health and vigor, a calmness of temper" - the feminization of culture and civilization is thus the way, for Gilman, to achieve complete health, happiness and well-being.¹⁸²

In Herland, men are forbidden to use sharp instruments for shaving - which can be read as a deprivation of their scientific tools, used for cutting and dissecting women's bodies - and their further emasculation is represented by their long, uncut hair, which is in marked contrast to the masculine appearance and short hair of the women. The women of Herland are healthy and vigorous because they show, "No patience, no submissiveness, none of that natural yielding which is woman's greatest charm." Instead, they have "an extremely high sense of solidarity", and "have never been mastered". What made it possible for the women of Herland to achieve this general prosperity is their independence: they

"needed neither protection nor service. They were living in peace and power and plenty; we were their guests, their prisoners, absolutely dependent."¹⁸³

In all of these fictional works, Gilman not only suggests alternatives for women as patients, in the figure of the female doctor and in the internal and external female bonding. She completely rejects the therapeutics of nineteenth century medical men, whether symbolically presented, as in "The Yellow Wallpaper", or dramatized in her utopian fiction *Herland*, or explicitly portrayed, as in "Dr. Clair's Place" and "Mag Marjorie" - e.g. Dr. John's fainting fit in "The Yellow Wallpaper" is but a temporary defeat of the medical man and his therapeutics, but this is later substituted by the complete victory of the female doctor (Dr. Clair), who becomes the saviour of sick women. This echoes Gilman's rejection of Dr. Mitchell's cure, of which these stories are an embodiment. Through her fiction Gilman wanted to encourage other women to do the same, and, with the help of other women, to break out of the confines of nineteenth century medical theory and practice, designed to limit and incapacitate women.

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CHAPTER FOUR:

EDITH WHARTON AND THE ILLS OF CONFINEMENT AND ISOLATION

Edith Wharton was born into one of New York's "old" families. Her parents, Lucretia Rhineland and George Jones, were aristocrats living comfortably on their inherited income, prominent in public life and committed to the rigid codes of behaviour demanded by their social position. As a child, Wharton toured Europe, and by the age of ten was fluent in French, German and Italian. She was intellectual by inclination, and although she never received any proper schooling, she was still considered too clever for her age, her mother (like Gilman's mother) disapproving of the long hours she spent in her father's library, reading and "making up" stories. There, even before she could read or write, she would make up stories by speaking aloud, and later she would spend her time in the library holding a "closely printed" book in her hand, pacing up and down in the grip of what she called "the furious muse", much to the astonishment of her parents who watched this eccentric behaviour from behind the library door.¹

Lucretia was very worried by such practices and tried in every way to discourage them and to stifle Wharton's burgeoning creativity. Wharton regarded her mother as unloving, impatient and authoritarian: she later wrote, "I was never free from the oppressive sense that I had two absolutely inscrutable beings to please - God and my mother - who, while ostensibly upholding the same principles of behaviour, differed totally as to their application. And my mother was the more inscrutable of the two."² Wharton describes her mother as a pragmatic and practical person, who, despite "devouring" novels herself, discouraged her daughter from doing the same; Wharton had to ask her mother's permission before she read a novel, and in many cases the request was refused, particularly in the case of

the Brontës. Wharton's road to creativity was thus difficult from the start, and she was without much support from her family or its circle. Wharton explains in her autobiography that her "parents and their group, though they held literature in great esteem, stood in nervous dread of those who produced it".³

Wharton's intellectual and artistic talents were, however, encouraged in early life by Emelyn Washburn, the daughter of a scholarly rector of a New York Calvary Episcopal Church where the Jones attended services. Emelyn's father, Dr. Washburn, was a cousin of Ralph Waldo Emerson, and was in his youth a participant in the New England intellectual group which included Amos Bronson Alcott, Henry David Thoreau, and Margaret Fuller. Although Dr. Washburn had a dislike for clever women - he thought Margaret Fuller talked too much - he still wanted Emelyn to receive a "gentleman's" education.⁴ Emelyn suffered from a variety of illnesses - Wharton later described her as a "queer, shy invalid" - and so had home tutors to encourage her intellectual interests, and in 1875 Emelyn began tutoring Wharton. Emelyn introduced Wharton to Goethe, and remarked that she was a "nervous child" lacking proper study habits and "starving for mental nourishment".⁵ When, in 1877, Wharton confessed to Emelyn her desire to write professionally, Emelyn recommended translation work, and so Wharton translated a poem by the German poet Heinrich Karl Brugsch. Dr. Washburn aided Wharton's first attempt at publication by looking the work over and sending it to a magazine with the initials E. W. Washburn, mainly because Wharton's parents were still anxious about their daughter's intellectual bent - fearing it would destroy her health - and because they did not want their daughter's name to appear

in print. The poem was published with Dr. Washburn's signature and the magazine sent fifty dollars in return. Soon after the publication, however, Dr. Washburn advised Wharton not to publish "for a while more", but to continue writing. Shari Benstock suggests that Wharton took this advice as a discouragement, and that the result was that she did not write for nine years.⁶

It is certainly possible that Wharton classed Dr. Washburn's advice among Lucretia's many attempts to prevent her from writing. Her mother not only discouraged her child's reading of classic literature, and her oral "making-up" of stories, but had other ways to try and curb her obvious creativity. In her autobiography Wharton wrote: "It was not thought necessary to feed my literary ambitions with foolscap, and for lack of paper I was driven to begging for the wrappings of the parcels delivered at the house. . . . I always kept a stack in my room . . . and I used to spread them on the floor and travel over them on my hands and knees, building up long parallel columns of blank verse."⁷ In Wharton's writing, Lucretia's cold attitude towards her daughter and the resulting emotional starvation is contrasted throughout by her father's warmth and kindness, and by Doyley's understanding and affection. Doyley was Wharton's nurse, a compassionate, warm and giving person - everything Lucretia was not. Wharton's father is also described as a "warm blooded" character with whom Wharton found some emotional fulfilment, but unfortunately this relationship never reached its full potential as her father died when Wharton was only seventeen. Even though Wharton did not have a close relationship with her mother she still loved her, and she probably eventually came to a greater understanding of her mother's possessiveness

and dominance - as Wolff asserts, it "reflected the norm, and not merely some malicious personal cruelty".⁸ A girl growing up in such a society was not allowed much emotional development and was not told of the duties of womanhood, but was instead kept pure and "nice" for her husband. Any kind of mental growth was considered unhealthy, and this was the reason why Lucretia was concerned that her daughter's literary work would in some way disturb her normal development and thus tried to limit such activity. Like Gilman's mother, Lucretia wanted a good match for her daughter, and in 1885 Wharton was placed in the marriage market and soon after became the wife of Edward (Teddy) Wharton, a Bostonian thirteen years older than herself.

In her autobiography, Wharton says very little about her husband, but it seems evident that Teddy Wharton was a pleasant man who shared with his wife a love of travel and the countryside, but that there was little emotional or intellectual bond between them. Wharton assumed a parental relationship to her husband and fulfilled her social and domestic duties to the full, but neither Teddy nor her new home in Newport were able to provide her with sufficient mental stimulation. She wrote later: "I was starving for mental nourishment . . . There was no measure to my appetite".⁹

Many critics have concluded that it was the continuous periods of loneliness and mental emptiness during her first years of marriage which caused Wharton's long periods of depression throughout the 1890s, and finally led to her complete nervous breakdown in 1898. In the summer of 1894 Wharton experienced her first full collapse; what we would now call

chronic depression, she called "seasickness", blaming her melancholy, exhaustion and fits of nausea on the warm, seashore weather of Newport. Then, in 1898, she became very ill once again, albeit during a year when she produced "The Pelican", "The Muses Tragedy", "Souls Belated", "The Coward", and "The House Of The Dead Hand", and she finally decided to go to Philadelphia for the well-known "rest cure". In her biography of Wharton, Cynthia Griffin Wolff suggests that it was her creative period which unsettled Wharton, and that her nervous illness shows "how deeply ambivalent Wharton was about the whole business of writing".¹⁰ R. W. B. Lewis also views Wharton's illness as in part an expression of fear of committing herself to her writing.¹¹

However, Wolff also asserts that, because writing gave Wharton access to elements in her personality and "hidden self" which she sometimes did not wish to confront, "All the lapses into severe lassitude and nausea were successful methods of rendering herself unable to write; and when she was unable to write, she could elude the unwelcome contact with her hidden self that writing so often provided."¹² Wolff adds that writing was a means of self assertion, and a way for Wharton to come to terms with the elements in her personality that yearned for such regression - as the Weir Mitchell cure encouraged regression, encouraged her to act like a baby, and proved to her that it was "safe and acceptable to do so". Wolff declares that Wharton's "intensity of . . . infantile longing could never be dispelled, but treatment such as this did a good deal to remove its fearsomeness. The message was inherited from this therapy - and that must have remained with Edith Wharton for the rest of her days - was that controlled regression would not harm her."¹³

Unlike Wharton's third and most recent biographer, Shari Benstock, both Lewis and Wolff affirm that Wharton underwent the Weir Mitchell "rest cure", and that during her breakdown in 1898 she stayed at the Stanton Hotel, Philadelphia. Her chief physician at the time was Dr. McClellan, one of Mitchell's disciples, though Lewis supposes that Mitchell himself would have seen her from time to time. Lewis and Wolf agree that, from October 1898 to January 1899, Wharton was not allowed a single visitor, but that, unlike other patients, she was allowed mail, and that later in her treatment she was permitted visits from her husband and from Walter Berry, her lifelong friend. However, Benstock asserts that, "When Wharton travelled to Philadelphia in October 1898, it was rumoured that she had suffered a nervous breakdown, an inaccurate explanation she let stand."¹⁴ However, the only evidence Benstock provides for this observation is that during the time Wharton was in Philadelphia, Mitchell was not there. Benstock confirms that Wharton stayed at the Stanton Hotel at the time, but says it was not for treatment, and claims that not once during her stay did Wharton visit Mitchell's clinic on Summer and Seventeenth Street. However, Benstock does acknowledge that Wharton was suffering from nausea, bronchitis, and asthma, but claims that she found the best relief when she moved to the Berkshire mountains, not under the hands of Weir Mitchell - and, in fact, all of her biographers agree that, away from Newport, Wharton began to come back to life.

The circumstances facing both Charlotte Perkins Gilman and Wharton seem to have been very similar. Both women suffered psychologically as a result of their marriages, as it seems that both Teddy Wharton and Charles

Stetson were intellectually and emotionally unsatisfactory, and from their immediate environments and social position. Gilman knew that away from home and child she was better, while Wharton blamed her weariness on Newport weather, realising that when travelling, especially when in Europe, she also improved. In *A Backward Glance* (1934), Wharton wrote of her dislike for Newport weather: "The climate did not agree with me, and I did not care for watering-places, and always longed for the real country; but the place and the life suited my husband, and in any case we could not have afforded to buy a property of our own."¹⁵ Most interesting is, that for reasons unknown, Wharton, unlike Charlotte Gilman, chose not to discuss her long years of depression and mental torment in her autobiography, and rarely provided information about her life as a patient. In *A Backward Glance* there is absolutely no mention of the "rest cure" and little is said of her unhappy years as Mrs. Wharton. Nevertheless, this should not be taken as evidence that Wharton did not undergo the cure; it merely alerts to the fact that, in order to understand Edith Wharton, we must try to see, not only the mature woman as presented in *A Backward Glance*, but also, to quote Wolff once again, the "shadowy realm from which she came" and allow her fiction to bring alternative and, perhaps deeper, insights to her experience.¹⁶

Edith Wharton's experience of her husband's illness also gave her an increased awareness of medical theories and practices. Before 1902, Teddy Wharton was both physically and mentally well; he was a physically active man, who enjoyed hunting, travel and many other outdoor activities, but also successfully managed his wife's estate and financial affairs. However, in 1902 he showed his first signs of an illness which involved long years of

melancholy, insomnia, nervousness, which was finally diagnosed as neurasthenia. R. W. B. Lewis, in his biography of Wharton, suggests that "whatever the other possible causes [of Teddy's illness], it is hard not to suspect that one underlying source of these afflictions was the extensive change in Edith's position in life."¹⁷ For 1902 was the year Wharton began to gain her first real literary acclaim and to earn money from her writing, and it was around this time also that she began to design and construct her own house in Lennox, Massachusetts, The Mount. Lewis states that Teddy's collapses were possibly "ways of drawing attention to himself in the midst of his wife's widespread recognition and her achieved independence and well-being".¹⁸

During his first bout of illness, Teddy consulted Dr. Francis Parker Kinnicutt, a leading physician in New York, whose diagnosis of neurasthenia would be repeated by the many and various doctors to follow. By 1904, Teddy's health had greatly improved, and further to aid his recovery the couple travelled, taking motor trips through New England and across France. Teddy, however, disliked France, and when Wharton visited Paris in 1907 he suffered a relapse of his physical and nervous disorders, and in 1908 had another bad nervous attack. By 1909 it was evident that Teddy's condition was serious; he suffered from pains in the face, feet, and arms, and his mental state alternated between fits of melancholy and wild rage.

During the same year, Teddy confessed to his wife that he had, with her money, purchased an apartment in Boston where he was keeping a mistress. Wharton apparently responded with dignity and forgiveness, but Teddy

was now removed as trustee of her funds. It was at this point that Wharton decided to write to Dr. Kinnicutt, assuming control of his case by giving the doctor a full account of his condition, and, based on her "amazing account of the past six months", Dr. Kinnicutt wrote to Teddy's brother, William, advising that he should "persuade [Teddy] temporarily to take up residence in a sanatorium".¹⁹ However, Wharton was not then in favour of this kind of treatment, and when Teddy pleaded against it she consented to his return to live with her.

Although Dr. Kinnicutt had severe reservations, he finally agreed to let Teddy return to Wharton, and she now tried hard to lift his depression. William Sturgis Bigelow, a friend and ex-Harvard medical student, also tried to cheer the patient, while providing his own diagnosis that Teddy's "melancholy and exhilaration are not the only trouble with him, but that his mind itself - his consciousness and reasoning powers - are not connected nor consecutive".²⁰ Sturgis was unfortunately correct in predicting that Teddy was gradually losing his reason, and his derangement increased until, in 1910, Teddy decided he wanted to try the "rest cure". However, Wharton - always a believer in travel as an effective cure - got clearance from the Paris physician for Teddy to travel, and in March 1910 the couple went to England instead in order to visit Henry James - who later that year, it is interesting to note, himself took the "rest cure" under one of Weir Mitchell's colleagues, Dr. William Osler. (James, however, heartily disliked the cure and threatened to jump out of a second storey window if he were not released). This trip was not, however, successful in improving Teddy's condition, and although Wharton wished to travel even further with him - proposing to drive across Europe - Teddy at last "chose on his

own the well-known Kuranstalt Bellevue at Kreuzlingen, near Konstanz, in Switzerland", where he was treated by a Dr. Binswanger, whose treatment was based on the Weir Mitchell "rest cure".²¹

At Kreuzlingen, Teddy was subjected to massage, hypnotherapy, rest and lots of food. He was soon deeply miserable, and after only a week was desperate to leave, but it was not until several weeks later that the doctors agreed that he was merely "sad" and "tired", and he was released. Wharton immediately wrote to him suggesting a long trip by car across the American West, but Sturgis Bigelow strongly disapproved, believing that Teddy "ought to be put under restraint, and the sooner the better".²² Bigelow considered that Teddy's condition was dangerous, and advised Wharton not to remain alone with him, because his "mental tension" could cause "explosive" behaviour. Wharton, however, was unworried and continued to care for her husband, taking him to the Cote-d'Or, near Mont Blanc. From here the couple travelled to New York, where the long-awaited trip across America was enlarged to a trip around the world, and, after a consultation with Dr. Kinnicutt, Teddy finally departed on the trip with Johnson Morton. Meanwhile, exhausted and stressed, Wharton remained at the Belmont Hotel, New York in order to rest: the extensive travel plans she had made in order to cure Teddy had finally taken their toll, and on his return she declined to enter into the role of health adviser and carer again - she wrote to him, "I am sorry indeed, but I have done all I can to help your recovery, and make you contented, and I am tired out."²³ Wharton had probably received the diagnosis of Dr. Kinnicutt by this stage, who stated that, "Mr. Wharton is suffering from a psychosis, and the prognosis is an unfavourable one."²⁴

From this point, Wharton felt the marriage was over, and in April 1913 she was granted a divorce. Immediately afterwards, she immersed herself in travel as a relief from the stress and misery of the whole experience; she was, in her own words, determined to eat the world "leaf by leaf", and she travelled continuously for fifteen months, finally returning to Paris to face the beginnings of war. It was during the period that followed that Wharton put a great deal of her energy into trying to alleviate suffering other than her husband's; she began by sewing garments for the troops, and later worked as the administrator of "American Hostels for Refugees", which provided food and lodging for the hundreds of refugees entering Paris, along with a clinic and dispensary where doctors and nurses worked free of charge. Wharton's dedicated work for the refugees reveal, in Lewis' words, her "overflowing compassion" for the "victimised, the uprooted, the sick and the shattered".²⁵

In February 1915, Wharton visited the front line in the Argonne, east of Paris, in order to discover the needs of the soldiers, and to deliver supplies to the hospitals. Her mission was entirely a "medical one", for she visited fourteen hospital units, all desperate for extra aid. This was followed in the spring of 1916 by Wharton's inauguration of a cure programme for soldiers who had contracted tuberculosis, taken over a year later by the International Red Cross. Later, Wharton collected funds from her American friends in Paris and opened two "American Convalescent Homes" at Groslay, north of Paris, and two more homes for children at Arromanches. During 1917, she raised \$100,000 and furnished a number of "Mobile Hospital Convoys" for the Red Cross. Wharton's service during

the war was recognised by the French who in April 1916 made her a Chevalier of the Legion of Honour.

Many have recognised Wharton's compassion and her desire to relieve human suffering. Her close friend, Gaillard Lapsley, wrote of her "charity", and claimed that "she possessed, indeed was possessed by, a sense of compassion deeper and more authentic than I have seen in any other human being". Lapsley observed that it was the individual instances that most stirred her: "The knowledge that there was mitigable suffering in a particular man or beast was enough to unseal her pity and she was not content to give money alone, she was ready to submit to boredom and something close to disgust if she was assured (as she was in two cases she had in mind) that she herself and not merely material relief was what was needed."²⁶

It is obvious that, even though Mitchell's name is not mentioned directly in Wharton's fiction as it is in Gilman's "The Yellow Wallpaper", Wharton was well aware of the methods of the "rest cure". Mitchell's name does, however, appear in one of Wharton's letters to Sara Norton; dated April 1902, the letter is significant as it notes that Weir Mitchell was an admirer of Wharton's novel, *The Valley of Decision*: "I have a letter from Dr. Weir Mitchell, whom I know slightly, but who had read "The Valley" & wanted to tell me that he liked it; & he began thus:- "I have just written to Charles Norton: *Read that book.*" Poor Mr. Norton! He will have his fill of the Valley!"²⁷ The letter suggests that Wharton met Mitchell at some point, since she remarks that she knows him "slightly", but it is possible that she found him a figure not worthy of admiration and therefore limited her

remarks. Mitchell being a man of science and Wharton a lover of the subject, one would expect her to say more had she been intrigued by him.

It is evident from Wharton's novel, *The Fruit of the Tree*, and from her support of George Eliot, that she wanted to see more women tackling scientific subjects, both in fiction and in their careers. Wharton wrote in defence of Eliot's "indelicate" love of science, as she realised that Eliot was condemned purely because of her sex. Men like Tennyson, Milton and Goethe were not condemned for their scientific interests; is it, Wharton asks, "because these were men, while George Eliot was a woman, that she is reprov'd for venturing on ground they did not fear to tread? Dr. Johnson is known to have pronounced portrait-painting 'indelicate in a female'; and indications are not wanting that the woman who ventures on scientific studies still does so at the risk of such an epithet."²⁸ Unsurprisingly, Wharton despised, in her words, "Freudianism and all its jargon", and she also denounced William James's comparisons of what he called "the feminine-mystical mind" with "the scientific-academic mind".²⁹

Wharton also had a "keen interest in science" and claimed for herself a "self-declared role as the priestess of reason", a role she wanted taken up by many more women and an idea subtly and implicitly affirmed in her fiction.³⁰ However, unlike the short stories of Gilman and Alcott, Wharton's fiction, with the exception of *The Fruit Of The Tree*, does not indict the medical man by alternating between negative representations of the physician and positive depictions of the female doctor or healer; instead, Wharton concentrates a great deal upon technique, creating a highly crafted and symbolic style with which to portray her heroines'

internal and external struggles. In much of her fiction, psychological and/or physiological illness contributes to the general sense of isolation and desolation which pervades her work; in some of the short stories illness pervades the entire tale - for example, in the unpublished fragment, "Beatrice Palmato", Beatrice's mother suffers "a bad nervous break-down and is ordered away by the doctors, who forbid her to take little Beatrice (aged 12) with her", and returns improved, but later she suffers another breakdown and this time "grows quite mad".³¹

This chapter is primarily concerned with Wharton's short fiction, in which there are many and varied negative statements about the medical man and his ideas. In some of these stories, Wharton shows not only the practices and effects of the "rest cure", but also the ineffectiveness of the medical man. In these stories he is an absent, or a very minor, figure and when Wharton touches on medical issues and the discomfort of women, she tends to eliminate him from the text, implying his inability to relieve female suffering.

Most critical studies of Edith Wharton's fiction have focused upon her novels, leaving her short stories in the shadows. While it is indisputable that Wharton's contributions to the novel are admirable, it is also the case that she was a master of short fiction, and that her literary career began as a short story writer. In her autobiography, Wharton explains that the writing of her first work, "The Decoration of Houses",

amused [her] very much, but can hardly be regarded as a part of [her] literary career. That began with the publishing, in *Scribner's Magazine*, of two or three short stories. The first was called "Mrs.

Manstey's View", the second "The Fullness of Life". Both attracted attention, and gave [her] the pleasant flutter incidental to first seeing one's self in print.³²

It is not at all surprising that these two stories attracted attention, for they already show Wharton's powers as a short story writer. "The Fullness of Life" (December, 1893), perhaps one of her very best stories, describes the possible transformation, through death, of a married woman's barren and unfulfilled life. Once in heaven, the woman is united with her "kindred" soul with whom she will spend a blissful eternity, but instead she chooses to remain the dutiful wife, bids farewell to her kindred soul and waits for the sound of her husband's "creaking boots" on the threshold of heaven. In "Mrs. Manstey's View" (July, 1891), a lonely woman has inhabited the same room in a boarding house for seventeen years, her only entertainment the view of the yards and scenery from her window. Now an extension to one of the adjacent houses is to be built, which will obstruct Mrs. Manstey's view, causing "all her radiant world [to] be blotted out".³³ She tries to prevent the construction of the extension by offering the owner of the house, Mrs. Black, \$2,000, but although Mrs. Black apparently agrees, she in fact considers Mrs. Manstey a "lunatic" and continues with the building work. This action provokes Mrs. Manstey, during a cold, stormy night, to set fire to Mrs. Black's house; the fire is extinguished before much damage is caused, and the building of the extension is resumed, but Mrs. Manstey, exposed to the wind and rain, contracts pneumonia and dies.

Several critics, including R. W. B. Lewis and Grace Kellogg, affirm that Wharton's career began as a short story writer, Lewis going so far as to

state, "Edith Wharton began as a writer of short stories and, in a sense, she finished as one."³⁴ By the time of the appearance of her first novel, *The Valley of Decision* (1902), Wharton had already published two volumes of short stories. For her part, Kellogg declares Wharton a "mistress" of the short story, and states that for Wharton, "the short story medium was more congenial . . . than the novel", and that "one may safely say that if she had not achieved her tremendous reputation as a novelist, she would have been recognised as a storyteller of the first magnitude".³⁵

It is clear from Wharton's own ideas on the short story, as expressed in *The Writing of Fiction* (1925), that she was dedicated to the genre. In the chapter, "Telling a Short Story", she reveals her admiration for the French writers of the short story, and her own interest in the ghost story. Wharton firmly believed that the short story "received its present stamp . . . in France", and that writers in English had been slower to develop and contribute to this genre, claiming that the best tales by writers such as Scott, Hawthorne and Poe, were instead "outside the classic tradition", and belonged to "that peculiar category of the eerie".³⁶ Instead, it had been French and Russian writers who had developed the art of the short story, by making it "a shaft driven straight into the heart of human experience".³⁷ Wharton states that "one of the chief obligations, in a short story, is to give the reader an immediate sense of security. Every phrase should be a sign-post, and never (unless intentionally) a misleading one; the reader must feel that he can trust to their guidance."³⁸

Wharton also believed that the creation of a good short story depends upon "the dramatic rendering of a situation", stating that for her "situation" was

the main concern of the short story, while "character" was the main concern of the novel.³⁹ In the stories to follow, situation and character are in fact closely linked; most of the stories begin with a "situation" which contains "the germ of the whole", but during the course of the story "character" emerges and develops from this situation in a complex and masterly fashion. As Lewis claims, when writing her short stories, Wharton was "in practice, . . . often subtler, and both her ambition and her imaginative achievement greater, than her common sense critical remarks might lead one to expect".⁴⁰

This chapter examines seven of Wharton's short stories: "Kerfol" (1916), "All Souls" (1937), "Miss Mary Pask" (1925), "The Triumph of Night" (1914), "The Lady's Maid's Bell" (1902), "Diagnosis" (1930) and "The Hermit and the Wild Woman" (1908). The first five are ghost stories, and show how Wharton chose to represent the processes of the "rest cure", and the procedures of the medical profession in general, rather than portray the failings of the physician. To achieve this, Wharton emphasised the sense of confinement and isolation in these chiefly supernatural stories, elements essential to the Gothic genre and an integral part of nineteenth century medical therapy, (and of the "rest cure" in particular), through the symbol of the house and its effects upon the well-being of the female (and sometimes male) protagonist.

Edith Wharton's fascination with the ghost story resulted in the production of many successful ghost tales. Not long before her death in 1937, Wharton published her well-known collection of ghost stories, which included her only attempt at a preface for one of her publications. In the preface she

states that good ghost stories are ones that "bring with them the internal proof of their ghostliness", and while lamenting that "the faculty required for their enjoyment has become almost atrophied in modern man", asserts that "the ghost may hold his own a little longer in the hands of the experienced chronicler".⁴¹ It was her belief that ghosts need for their survival "continuity and silence", qualities which feature strongly in Wharton's fiction and which make her supernatural stories some of the finest examples of her art. As Margaret McDowell states, these stories "illustrate meticulous craftsmanship and imaginative power".⁴²

Wharton's technique, with its extensive use of symbolism and irony, produces her desired "thermometrical quality; if it sends a cold shiver down one's spine, it has done its job and done it well". As to how this shiver is produced, "there is no fixed rule", but there is a responsibility on the teller that he or she "should be well frightened in the telling", and to illustrate this she draws a medical analogy: "The doctor who said there were no diseases but only patients would probably agree that there are no ghosts, but only tellers of ghost stories, since what provides a shudder for one leaves another peacefully tepid. Therefore one ought, I am persuaded, simply to tell one's ghostly adventures in the most unadorned language, and 'leave the rest to Nature'".⁴³

Wharton greatly admired Henry James's most famous supernatural tale: "For the imaginative handling of the supernatural no one, to my mind, has touched Henry James in 'The Turn of the Screw'".⁴⁴ Margaret McDowell suggests that Wharton, writing ghost stories in a similar vein to those of James, became part of an "American tradition of literary art that has its

origins in Hawthorne". Like James and Hawthorne, Wharton possessed "an acute sense of the immemorial conflict between the forces of good and evil", and the strength of most of Wharton's tales "lies partly in their analysis of those ethical issues and human relationships that possess, in their ultimate ramifications, a universal relevance". In all her stories, Wharton explores, "often symbolically, human situations of considerable complexity", and in the ghost stories, the supernatural element "always conveys some inescapable symbolic truth".⁴⁵

On one level, the protagonists of these short stories are tragic victims of the pressures of convention, stifling their desire for emotional and intellectual fulfilment. They all suffer psychologically as a result of their adherence to the social code imposed on them either by their husband, father, brother or by another female character, and all show great frustration and helplessness in the face of social and domestic obstructions - symbolically represented by the suffocating nature of the houses they either visit or inhabit. These protagonists lack happiness, warmth and freedom but cannot find the road to happiness; or, if that road is found, they remain unable to take it because of their awareness of opposition awaiting them, both from their inner being and from the external world. The stories' emphasis is upon character, and most aspects of the story, especially the house, become illustrations of the character's conduct and mental suffering.

I begin my analysis with two of Wharton's most famous supernatural tales. The first is "Kerfol", published in 1916. The story concerns an American visitor to France who is greatly disturbed by the haunted atmosphere of an old mansion in Brittany, and later learns that in the seventeenth century it

was the home of Anne de Barrigan of Douarnenez, a young woman accused of adultery and the murder of her husband. Anne de Barrigan was married to Yves de Cornault, a man much older than herself, "a stern and even austere man, observant of his religious obligations".⁴⁶ Nevertheless, it was said at her trial that her life with her husband was happy for the first few years, although it was agreed that Kerfol was a very solitary place for a young woman, despite the gifts showered upon her by her husband. Childless and extremely lonely, Anne de Cornault lived completely confined within Kerfol and its grounds, deprived of visitors, and not even allowed to "walk in the park unaccompanied". When she complained to her husband of her situation, his answer clearly shows her status as his possession:

"I am no Queen, to need such honors," she once said to him; and he had answered that a man who has a treasure does not leave the key in the lock when he goes out. "Then take me with you," she urged; but to this he said that towns were pernicious places, and young wives better off at their own firesides.⁴⁷

Wharton's treatment of Anne de Cornault's loneliness and confinement to Kerfol echo the practices of the "rest cure", and her treatment by her husband degrades her to the state of a child. From the beginning of the story, the description of Kerfol sets the mood of impending tragedy: all of the images promote a sense of desolation, isolation and even fear, as the narrator - someone who visits the house with a view to buying it - describes his apprehension when he first walks down the avenue towards the house. The "moat filled with wild shrubs", the "brambles" and the "stone arch", which now replaced the "drawbridge" and the "iron gate", all show that Yves de Cornault wanted not only to confine his wife but to

completely imprison her. The house is also described as "blind", alluding both to the impenetrable nature of the house and to society's blindness to Anne de Cornault's tortured existence. The "blind" house has a profound effect on the nineteenth-century narrator, who does not yet know anything of its history; he becomes acutely conscious of the house and its converging "empty avenues", and most of all of the "depth of the silence" - all of which give the feeling that the place had a "long accumulation of history" and also "a perspective of stern and cruel memories stretching away, like its own grey avenues, into a blur of darkness".⁴⁸ The darkness and silence are symbolic of the heroine's existence, shut out completely from society and unable to speak against her husband's authoritative power.

In the second half of the nineteenth century, male physicians and scientists were much concerned with the mental and physical health of women, and saw themselves as authorities on the conflicts and dilemmas that plagued many women. Most physicians had a biological explanation for such psychological suffering, and provided women with the "natural" life plan as a method of treatment. The "natural" life plan was remarkably similar to the life lived by Anne De Barrigan, as it consisted of obedience to one's doctor, complete submission to one's husband, concentration on home and domestic duties, and of course plenty of bed rest. Echoing this type of life plan, one American minister counselled brides that, "Submission and obedience are the lessons of your life, and peace and happiness will be your reward. Your husband is, by the laws of God and of man, your superior; do not ever give him cause to remind you of it."⁴⁹ Any departure from these womanly qualities would put the laws of man into action, and the

punishment was often at best confinement, and at worst complete isolation and psychological suffering to the point of madness.

The heroine of "Kerfol" has no female friends from whom she could seek advice or help; her only friend is her assumed lover, Hervé de Lanrivain, who in the end comes to represent male betrayal of women in his denial of the events recited by Anne De Cornault, and of their friendship. Also relevant is the fact that the heroine insists that her relationship with Hervé de Lanrivain is only a friendship, a relationship which becomes metaphorical for a doctor-patient relationship, since Lanrivain was the only figure providing Anne with temporary comfort and relief from her loneliness. From this standpoint, his betrayal of Anne reflects the betrayal of those nineteenth century women who sought medical advice from men but were denied sympathetic treatment and prescribed the deleterious combination of confinement, bed rest and isolation.

Another relevant theme explored in this tale is the suggestion that Anne de Cornault's confinement predisposes her to madness and perhaps even to murder - madness, if we are to believe her story of the ghost dogs killing her husband, and murder if we choose to ignore this story and consider her to be the killer. According to the narrative, on the death of her husband Anne de Cournault was first committed as a murderess but was later - because of a disagreement between the judges and the ecclesiastical committee - released. We are told: "Anne de Cornault was finally handed over to the keeping of her husband's family, who shut her up in the keep of Kerfol, where she is said to have died many years later, a harmless

madwoman", confirming Kerfol as a place for the confinement of mentally unstable women.⁵⁰

The narrator suggests that Kerfol is far less a home than a place of confinement and suffering, and it is strongly reminiscent of certain nineteenth century institutions which have unjustly imprisoned many other women besides Anne de Cournault. The details of the house he describes possess a "collective impressiveness", which affects the narrator and causes him to want "to sit and be penetrated by the weight of its silence".⁵¹ The silence surrounding the house becomes a key symbol for the silent and isolated life of the heroine, and of many other imprisoned women, as Anne is not only silent within her home, but is also silent in company and unable to confront society. Others view her isolation as a cause for happiness and believe that not to appreciate such a state of existence is itself a sign of madness. The nineteenth century narrator, however, is overwhelmed by Kerfol, concluding that, "The whole place is a tomb", and that it is a place unsuitable for any human being, which "with its few windows and steep roof, looked like a fortress prison". By the end of his visit to Kerfol, the narrator, "not liking loneliness - to that degree", is happy to have "escaped from the loneliest place in the whole world", realising that the loneliness connected with Kerfol was unbearable, and that it was inevitable that anyone forced to live there would feel the need to "escape".⁵²

Upon the narrator's decision to explore the house for "its own sake", he finds his path difficult and obstructed. Passing over a bridge and through a tunnel, he approaches the main part of the house, but his way is barred first

by one dog, and then by several. Frustrated and fearful, he then attempts to approach the house from the back:

I found a way across the moat, scrambled over a wall smothered in brambles, and got into the garden. A few mean hydrangeas and geraniums pined in the flower beds, and the ancient house looked down on them indifferently. Its garden side was plainer and severer than the other: the long granite front, with its few windows and steep roof, looked like a fortress prison. I walked around the farther wing, went up some disjointed steps, and entered the deep twilight of a narrow and incredibly old box walk. The walk was just wide enough for one person to slip through, and its branches met overhead. It was like the ghost of a box walk, its lustrous green all turning to the shadowy greyness of the avenues. I walked on and on, the branches hitting me in the face and springing back with a dry rattle; and at length I came out on the grassy top of the *chemin de ronde*. I walked along it to the gate tower, looking down into the court, which was just below me. Not a human being was in sight; and neither were the dogs.⁵³

Through her portrayal of the house, Wharton is obviously trying to communicate what Anne and many other women had failed to describe - their suffering as isolated wives, daughters or sisters and the effect of this life on their mental capacities. The sinister, grey house is compared to a "fortress prison", the path only wide enough for "one person to slip through", all suggesting the solitude and loneliness suffered by Anne de Cournault. Solitude and confinement are again read as a major cause of madness, rather than as a cure for the disease according to nineteenth century beliefs. This notion is dramatically expressed by the effect of solitude upon the six dogs at Kerfol: these "silent and inert" animals do not look "hungry or ill-treated. Their coats were smooth and they were not thin", but it was "as though the silence of the place had gradually benumbed their busy inquisitive natures" and "as if they had lived a long time with

people who never spoke to them or looked at them", which creates in them a "human lassitude" and "a strange passivity" which to the narrator seems "sadder than the misery of starved and beaten animals".⁵⁴

When reading the judicial record during her trial for murder, the narrator remarks that Anne's loneliness was "the only grievance her champions could call up in her behalf", all agreeing that "Kerfol was a lonely place".⁵⁵ When questioned in court, Anne said that her married life was "desolate" and that, "It was true that her husband seldom spoke harshly to her; but there were days when he did not speak at all. It was true that he had never struck her or threatened her; but he kept her like a prisoner at Kerfol, and when he rode away to Morlaix or Quimper or Rennes he set so close a watch on her that she could not pick a flower in the garden without a waiting woman at her heels". Yves de Cournault's "fits of brooding silence" did not help Anne with her loneliness and solitude, and caused her to beg relief from such a torturing existence.

In Wharton's "All Souls," Wharton's final short story written in 1936, the protagonist's confinement, solitude and isolation again figure large. As the title suggests, central to the story is the ritual of solemn prayers for the dead on 1st November in the Roman Catholic and Anglican Church calendars. This anniversary had special significance for Wharton, as on this day she would list all the deceased she could remember since her childhood, as she believed that All Souls was a time when the dead could be truly conversed with and loved. In the short story, written 30 years later, the protagonist, Sara Clayburn, is a middle-aged widow living in a remote old house. On the last day of October, at dusk, she meets a strange woman

approaching her home who says that she intends to visit someone in the house. Moments later Sara slips, sprains her ankle and is forced to take to her bed. The next morning her maid is absent and after waiting in vain she decides to hobble downstairs, in great pain, in order to try to obtain help. She discovers that the house is completely empty and that neither the electricity nor telephone are working - the effect is one of complete isolation and deadly silence. On the second day, servants appear insisting that nothing strange happened and that she must have had a bad dream, but one year later Mrs. Clayburn sees the same woman again near her house and flees hysterically to stay with a cousin in New York. The cousin, also the narrator, explains that this woman must have been a dead woman, a "fetch", who had come to take the servants to a witches' coven, or that she may herself have been possessed by a witch.

Sara's mental torment is explicitly portrayed in connection with her house, although this time the gothic themes are played out in a modern house, "with a refrigerator and central heating".⁵⁷ The story depicts a woman's fight against mental derangement, which increases upon her realisation that she is immobile, alone and confined to the house - like "Kerfol", the story places great emphasis on confinement, and the silence associated with it, as a cause of mental torment in women. Sara Clayburn has always been content with her solitude until the incident described; she is a "matter-of-fact" person, who does not believe in ghosts, and the narrator also dismisses the possibility that what we are about to read is a ghost story, leaving open the possibility of instead interpreting the text as that of a woman's mental torment. Sara's life of seclusion is not imposed upon her by brother, father or husband, but is apparently her chosen way of life, and

after the accident the cause of confinement is her broken ankle. Thus, the circumstances of her confinement are quite natural: she falls, sprains her ankle and her physician, Dr. Selgrove, "ordered Mrs. Clayburn to bed, did the necessary examining and bandaging, and shook his head over her ankle, which he feared was fractured. He thought, however, that if she would swear not to get up or even shift the position of her leg, he could spare her the discomfort of putting it in plaster."⁵⁸ However, at this point, "Mrs. Clayburn began to suffer": after being ordered to rest by the physician, Sara's confinement begins to become unbearable and gradually leads to mental suffering. Though a woman who "seldom does what other people expected", she fully intends to obey the doctor's orders so as not to prolong her immobility, but "like most healthy and active people", Sara was "a bad patient", and soon the "hours of wakefulness and immobility seemed endless". Her frustration grows as the hours of solitude move slowly - during a long sleepless night, Sara continues to watch her "dark windows", waiting hopelessly for the first glimmer of dawn and for her servants to ascend.⁵⁹

Upon the realisation of her complete solitude, and that "something uncommonly strange must have happened in the house", she begins to feel a "nervous apprehension"; however, because she is not the type of woman "to encourage" such apprehensions, she decides to fight this torturing solitude, defy the doctor's orders and roam her empty house. The dark house is completely "noiseless", and it is this "deep nocturnal silence" which so agitates her nerves: "Silence - more silence! It seemed to be piling itself up like the snow on the roof and in the gutters. Silence. How many people that she knew had any idea what silence was- and how loud it sounded when you

really listened to it?" The silence intensifies as the search continues, "her sense of loneliness [growing] more acute", with this sense of isolation and Sara starts to question the value of solitude - "A noiseless world - were people so sure that absence of noise was what they wanted? Let them first try a lonely country house in a November snowstorm!" Soon she becomes so conscious of the silence that she feels it accompanying her on her investigation of the house: "And as she descended the silence descended with her - heavier, denser, more absolute. She seemed to feel its steps just behind her, softly keeping time with hers. It had a quality she had never been aware of in any other silence, as though it were not merely an absence of sound, a thin barrier between the ear and the surging murmur of life just beyond, but an impenetrable substance made out of the world-wide cessation of all life and all movement." This "inexorable and hostile" silence is what completely disturbs Sara Clayburn, and the deeper the silence becomes the more she feels it as if it were a person "watching her as she was watching it". This personification is elaborated when the silence is personified as a prison keeper: "The deep silence accompanied her; she still felt it moving watchfully at her side, as though she were its prisoner and it might throw itself upon her if she attempted to escape." By the end of her thirty-six hour ordeal, this "peculiar" silence has "folded down on her like a pall".⁶⁰

This silence has of course not only been part of her experience on this mysterious night, but is in fact her life, and her "pall". Mrs. Clayburn has lived a life of silence and emptiness, but now realises that she is no longer capable of bearing such an existence, and her escape to New York is an escape from this empty and lonely life. Even when this deep silence is

finally broken within the house, it is by a male voice speaking a language unknown to her from a portable wireless in the kitchen. At this point Sara faints and remembers nothing until she wakes, manages to make her way back to the pantry, pours herself a stiff drink, and drags herself back to her room, where she again falls unconscious, and finally wakes with a doctor at her side. This time it is a different doctor because, "Dr. Selgrove had been taken suddenly ill". Could it be that his first visit to Mrs. Clayburn and the solitude of her house caused this sudden illness? Dr. Selgrove has been ordered to Switzerland because his "illness had been not only serious but prolonged"; part of his cure involved travel - "it was reported that as soon as he was well enough he would go on a West Indian cruise, and not resume his practice at Norrington till the spring". It sounds as if Dr. Selgrove has been subjected to a form of "rest cure", while Sara Clayburn flees the rest and isolation imposed upon her because, "She was not the woman to let herself be undressed and put to bed like a baby."⁶¹ This shows Dr. Selgrove's insignificance in the text, and his inability to confine the patient in any way.

In both these stories, silence is a recurrent theme emphasising the heroines' solitude, which itself acts as a reflection of the practices of the "rest cure", of which silence was an integral part, both covertly and overtly. There is a strong connection between silence, illness and confinement in the nineteenth century treatment of women, and this also provides a metaphorical reading of the concepts and theories of female health. In the nineteenth century, women were to be silent and to listen to doctors and this was championed as the way to develop greater health and prosperity. Silence and submission were what most physicians promoted in their theories of female health. The

significance of silence in women's fiction has been a topic for discussion since Tillie Olsen published her seminal article "Silences: When Women Don't Write" (1972), and it is now central to feminist literary inquiry.⁶² Patricia Laurence, in her study "Women's Silence as a Ritual of Truth: A Study of Literary Expressions in Austen, Brontë, and Woolf" (1995), explains that the female characters of these nineteenth century writers possess a muteness or indirectness which "becomes a discourse of interiority and resistant silence".⁶³ Laurence views silences as either "a difference of view, an alternative code of "truth" or, sometimes, an expression of anger - the only kind that would be socially tolerated". In other words, she reads female silence as a kind of resistance, "a ritual of truth", which in these stories can be linked to illness or confinement, thus suggesting that these women are resisting medical imposition. The stories show that confinement and conformity take their toll on the female mind, and that this is particularly true of the silence connected with it. The widow, Sara Clayburn, in "All Souls", acts in conformity with such training until this finally leads to hallucinations and almost to madness; however, her silence and the deep silence she feels surrounding her are not only a source of her suffering, but will later become her strategy to regain her mobility, driving her from the house. In both stories, the house expresses imprisonment, which symbolizes the medical enactment of confinement and its ill-effects on the female mind and body. However, at least for Sara Clayburn, this silence, whilst temporarily increasing her torment, is also the means by which this imprisonment can ultimately be resisted.

In the next two stories, Wharton, in a manner similar to that of Louisa May Alcott, alters the stereotype by presenting illness within her male protagonists. In "Miss Mary Pask", published in 1925, the male narrator recollects the events of an evening visit to the secluded house of Miss Mary Pask, the sister of an old friend of his in New York. The narrator has recently suffered a nervous collapse, and after visiting many European sanatoriums has been "rest-cured and built up again", but his visit to this "American lady who always used to dress in white" stirs his nerves once more.⁶⁴ The first deeply disturbing incident occurs as the narrator stands in the hallway of the house, waiting for Mary Pask to descend, when he suddenly remembers that about a year earlier he read an announcement of this woman's death. Mental illness has made the fact slip from his mind. In an already fragile state, the narrator therefore views Mary Pask suspiciously - is she a supernatural apparition, or perhaps a figment of his own imagination? The tension builds as the sinister atmosphere surrounding and within the house, plus Mary Pask's erratic and uncanny behaviour, combine to frighten him, and finally he flees from the house, and suffers another nervous collapse in New York. Once again, he goes to a sanatorium, and after he has recovered decides to visit his friend, Mary's sister, in New York, and there discovers that it was no ghost or apparition he saw that evening, and that Miss Mary Pask is in fact very much alive.

Wharton wrote this story in a single afternoon while she was - like her hero - recovering from an illness, and received \$1,800 on publication. On first reading a highly sensual theme tends to dominate, since Mary is a spinster who tries to persuade the narrator to stay and relieve her loneliness: "Oh! stay with me, stay with me . . . just tonight . . . It's so

sweet and quiet here . . . no one need know . . . no one will ever come and trouble us." Yet, this invitation, with all its erotic implications, only intensifies the narrator's fear, and he leaves the house, out of breath and "covered with sweat", and falls into the "healing arms" of nature.⁶⁵

Jennice Thomas, in her article "Spook or Spinster? Wharton's 'Miss Mary Pask' " explains that Mary is not sad to be a spinster, but is sad because she has lost her sister to marriage, which has disrupted the bond of sisterhood and deprived both women of their autonomy. Because Mary is denied the bond with her sister, Grace, she must succumb to loneliness and isolation, since it is the concept of sisterhood that allows female autonomy without loneliness. Mary Pask is therefore a spinster by choice, and takes the opportunity to terrify this man as a means of vengeance on men. I agree with Jennice Thomas that Mary is robbed of the bond of sisterhood, and that this is the reason for her anger towards men, but I would also add that, even though Mary Pask has chosen this life of isolation, the loneliness has greatly affected her, and that it is this which induces her to seek vengeance on a man. This idea is confirmed when, on a second reading of the story, the reader begins to doubt Mary's mental stability, the effect of living in isolation for many years, and to suspect that there is some kind of strange alliance between her and the narrator.

The account of Mary Pask's physical appearance contributes to the idea that she may be unhinged, and in some passages she is even reminiscent of Dickens' Miss Havisham of *Great Expectations* (1860). Her "baggy white garments", her "clumsy swaying movements", "her white untidy head", "faint laugh" and her "bulging blue eyes", all add to this portrayal, as does

Mary's "strange" conversation: "It's such an age since I've seen a living being!"; "I've had so few visitors since my death, you see."⁶⁶ It can easily be deduced that Mary's isolation and loneliness has led her to some kind of mental instability. On first reading, we accept this description of Mary and her irrational behaviour, because, like the narrator, we suspect her to be a ghost, but once the cousin has confirmed that she lives, Mary's appearance, words and actions become those of an unstable woman out to torment her visitor. What is interesting is that Mary is also able to lead the narrator into mental instability by controlling his responses and deliberately frightening him, so much so that he is driven to seek the treatment of the "rest cure".

In this story, it is once again the house which becomes a symbolic realm within which Wharton explores a certain kind of human suffering. Mary Pask's house is a reflection and symbolic representation of her "lonely life", her private space and domain, and again it is the isolation and loneliness of the house which causes its inhabitant's mental suffering. Wharton gives the house a greater sense of desolation by fusing it with the more wild and threatening aspects of nature. On his way to the house, the sound of the sea and the fog makes the the narrator feel confused and apprehensive; the fog covers everything - "Not a candle glint anywhere", and the darkness is "as thick as a blanket" when the narrator finally reaches the house. Once at the house his isolation is complete, for it is in the middle of nowhere, in "a desert", hidden behind "dripping trees", which becomes for the narrator the "Bay of the Dead!"⁶⁷

Jennice Thomas explains that in this story, "the dread of darkness and death is linked in the masculine imagination with a fear of women".⁶⁸ The

darkness and isolation in this story can once again be related to the practices of the Weir Mitchell "rest cure", especially since in this instance there is specific reference to the treatment. We are told that the narrator has just recovered from a nervous collapse and has been "rest-cured and built up again at one of those wonderful Swiss sanatoria where they clean the cobwebs out of you". From the beginning of the story, the narrator's recent illness is emphasised; he tells us that he "lingered abroad for several months - not for pleasure, God knows, but because of a nervous collapse supposed to be a result of having taken up my work again too soon after my touch of fever in Egypt".⁶⁹ Moreover, his encounter with the "plaintive image of Mary Pask", a ghostly image he compares to a "vampire", propels him towards a "bad relapse". On his recovery, his first desire is to return to Mary Pask's house, "(in broad daylight, this time) . . . but the doctors decided otherwise; and perhaps my weak will unknowingly abetted them. At any rate, I yielded to their insistence that I should be driven straight from my hotel to the train for Paris, and thence shipped, like a piece of luggage, to the Swiss sanatorium they had in view for me." Thus, the narrator's experience with the woman subjects him to yet another rest cure, and even after his treatment he is still unstable and must prove to people that he is not "queer" - "My first objective, when I finally did get back to New York, was to convince everybody of my complete return to mental and physical soundness."⁷⁰ The severity of the narrator's breakdown suggests that Wharton, in her treatment of Mary Pask and the narrator, is not only concerned with the ill-effects of confinement on mental well-being, but also with the conviction that, ultimately, the "rest cure" is utterly ineffectual as a treatment for both mind and body.

In another story, "The Triumph of Night", Wharton again explores the effects of confinement on her male narrator, the use of the masculine voice perhaps giving her greater freedom to elaborate on her ideas. The story, written in 1910 and first published in *Scribner's Magazine* in 1914, revolves around the discoveries and observations of George Faxon, a traveller from Boston who has come to take up a secretarial post in the "New Hampshire snowfields and ice-hung forests". His new employer, Mrs Culme, has unfortunately forgotten to send someone to collect him, and after waiting patiently for some time on the open railway platform, George Faxon decides "to spend the night at the Northridge inn, and advise Mrs. Culme of [his] presence there by telephone".⁷¹ Faxon is just about to act on this decision, when a young man, Frank Rainer, arrives and instead offers him shelter at Overdale, the house of his uncle, John Lavington. Faxon readily accepts Rainer's offer, and after collecting two more guests, Mr Grisben and Mr Balch, they leave for Overdale, a house which will prove to conceal many secret horrors.

Frank Rainer is the sick figure in the story. When Faxon first meets Rainer at the station, he immediately observes the delicacy of Rainer's physique, and that he "was very fair and very young - hardly in the twenties, Faxon thought - but this face, though full of a morning freshness, was a trifle too thin and fine-drawn, as though a vivid spirit contended in him with a strain of physical weakness. Faxon was perhaps the quicker to notice such delicacies of balance because his own temperament hung on lightly quivering nerves, which yet, as he believed, would never quite swing him beyond a normal sensibility." Throughout the tale, Faxon continues to speculate on Rainer's health; for example, noticing a "queer" difference

between Rainer's "healthy face" and his "dying hands", and that "though his face retained a healthy glow", yet Rainer's hand "was so long, so colorless, so wasted, so much older than the brow he passed it over".⁷²

Soon it is revealed that Faxon's observations are correct, and that Rainer is suffering from tuberculosis. He is under the care and supervision of his uncle, who, however, refuses to allow him to travel to Mexico in order to seek additional medical help, and is satisfied, as seems Rainer himself, with the advice of the New York physician. "Young Rainer had been threatened with tuberculosis, and the disease was so far advanced that, according to the highest authorities, banishment to Arizona or New Mexico was inevitable. 'But luckily my uncle didn't pack me off, as most people would have done, without getting another opinion.'" John Lavington's authority over his nephew's health is, however, questioned and subtly challenged by both Mr. Grisben and George Faxon, the two visitors whom Rainer collects from the station. On listening to Lavington's ideas on Rainer's health, Faxon shows an "elder-brotherly concern" and voices a warning, "All the same you ought to be careful, you know."⁷³ Likewise Grisben shows concern for Rainer's health, this time over dinner in the absence of Lavington, when he firmly voices his opposition to the ideas of the New York physician, and his belief that Rainer should be shipped off to New Mexico immediately. The whole dinner conversation revolves around Rainer's health and Grisben's ideas of "shipping him to New Mexico" for treatment and relaxation, i.e. his encouragement of gentle activity and travel, rather than confinement and rest. Grisben is sceptical of the use of doctors generally, telling Rainer, "You had to try twenty doctors to find one to tell you what you wanted to be told", and this, together with the physical absence of the

New York doctor and the careful omission of his opinion from the text - the telephone interrupts Lavington just as he is about to inform everyone of the doctor's diagnosis and recommended treatment - indicates his insignificance to the health and progress of his patient.

The house is again used in this story to show the effects of isolation and confinement on a person's health. George Faxon's "quivering nerves" are greatly affected by the house and its gloominess; on his arrival, he realises that it is "oddly cold and unwelcoming", and although it is "luxurious", its "intensely negative" effect on its inhabitants is, as Rainer confirms to Faxon, "a puzzling one".⁷⁴ When Faxon first arrives at the house it is stated that he is "unutterably sick of all strange houses" - suggesting perhaps that he has previously been confined in such houses as a result of his "quivering nerves" - and it soon begins to upset and oppress him. Within a short time, Faxon is blaming the house itself for his own mental distress and is convinced that he must rescue Rainer from its evil influence. Faxon's nerves are greatly affected by the isolated house and he starts to experience hallucinations, imagining that the malevolence of the house is somehow connected with John Lavington's hidden, evil nature: he supposes that, "Mr Lavington's intense personality - intensely negative, but intense all the same - must, in some occult way, have penetrated every corner of his dwelling."⁷⁵

Faxon soon recognizes that the baleful atmosphere of the house is becoming unbearable, and this reaches a new intensity when just before dinner he sees Lavington's hostile and malign double standing behind Lavington's chair. Faxon has interrupted the signing of Rainer's will, and is terrified by the

spectre, which is obviously invisible to all others, and which exposes to him the secret malignity towards Rainer that is concealed behind Lavington's consistently benign countenance. After dinner, during which Faxon again sees the spectre, this time with its face showing even more plainly "the fierce weariness of old unsatisfied hates", he quickly returns to his room and decides, almost hysterically, that he must leave the house immediately, despite the blizzard raging outside.

Faxon escapes the house through the terrible cold, but a mile from the house he is caught up by Rainer, who has risked his life to come and find him. Through this series of events, and after having run away from knowledge and responsibility, Faxon is now forced to accept full responsibility for, and authority over, Rainer's health - a dangerously sick man out on a bitterly cold night. Faxon of course realises he must get Rainer out of the cold, but such is his fear of the house - believing that to return would mean "dragging the victim back to his doom" - he takes him through wind and snow to the nearby lodge, where Rainer promptly falls dead in his arms - a victim of the house too long to be saved. Faxon is left with blood on his hands, literally and metaphorically, as we understand that his failure to act on the supernatural knowledge imparted to him has cost Rainer his life.

It is the effect of this isolated house, his own delicate health, and Rainer's death, which combine to cause Faxon's "bad shake-up" and a "bad breakdown", which the doctor tells him was "bottling up" before his trip to New Hampshire. He is advised to "just loaf and look at the landscape", and once again the restorer of good health is travel. "He started for the East,

and gradually, by imperceptible degrees, life crept back into his weary bones and leaden brain", and "little by little health and energy returned to him".⁷⁶

Five months later, Faxon is sitting on the verandah of a wooden hotel in the Malay peninsula; we are told that after his return to Boston the night of Rainer's death, he had "been thence transferred to a quiet room looking out on snow under bare trees . . . [and] looked out a long time at the same scene", before being invited on a business trip to Malaya. Faxon has clearly had a "bad breakdown", and has perhaps been subjected to the "rest cure" before his trip abroad. On his own in the hotel, he is driven to read through a pile of old newspapers, and discovers the announcement of Frank Rainer's death, along with newspaper reports of John Lavington's ruin (a few days before the announcement), and the subsequent revival of his fortunes a few days later (just after the announcement), when he has clearly received ten million dollars from his nephew's will. Thus it all becomes clear to Faxon, that Lavington had persuaded Rainer to leave him his fortune, and then had deliberately neglected his health in the hope that he would find an early grave:

That - *that* was what he had done! The powers of pity had singled him out to warn and save, and he had closed his ears to their call, and washed his hands of it, and fled. Washed his hands of it! That was the word. It caught him back to the dreadful moment in the lodge when, raising himself up from Rainer's side, he had looked at his hands and seen that they were red . . . ⁷⁷

In this story it is notable that Wharton suggests the insignificance of the medical man in two different ways. First, she shows, once again, how confinement and isolation can actually exacerbate nervous conditions - for

Rainer and Faxon are both affected negatively by the gloominess of the isolated house, and the malign influence of the uncle within the house. Second, it is interesting to note the absence of a doctor in the story, and the way in which Wharton carefully curtails any explanation of his methods. Rainer, it seems, is having to endure some form of the "rest cure" in his uncle's house - like so many women, he is confined and made increasingly unwell through the actions of the figure of male authority in his life - and his biggest complaint - like that of so many women forced to suffer the same fate - is that of "being bored". What he is shown to need is fresh, warm air and travel - the cure Wharton so often places in direct opposition to the "rest cure" in her fictions, and to the methods of male doctors and carers. Wharton's reversal of the stereotype is, however, unlike that of Louisa May Alcott, in that she does not show a sick male protagonist suffering at the hands of a female healer, but rather suffering at the hands of an incompetent, surrogate healer and authoritarian, negligent male relation, John Lavington.

The next story to be discussed, "The Lady's Maid's Bell" (1902), is an early attempt by Wharton to explore similar themes, again by using the genre of the ghost story. This time the narrator is a young woman, Alice Hartley, who has recently recovered from a typhoid fever, but who still looks frail and ill. Seeking employment, she goes to the country to work as lady's maid to Mrs Brympton, a young married woman who lives almost entirely alone in a remote mansion. The house is very "gloomy" and dark with "no lights in the windows", when Alice arrives, and she soon discovers that the obnoxious master of the house, Mr Brympton, resents its "solitude" and "dullness" and spends most of his time away.⁷⁸ Soon the

young maid is haunted by a figure whom she discovers to have been Mrs Brympton's former maid and close friend, Emma Saxon. The spectral figure knows the secret of the house, which is apparently the sexual relationship between Mrs Brympton and her friend Mr Ranford. Emma's ghost tries to reveal this secret to Alice but fails, and the story ends with the death of Mrs Brympton. In the tale the house is again the major symbol employed to convey a general sense of isolation and fatality; besides its gloominess and darkness, the house is a place that receives "no visitors" besides Mr Ranford and the doctor.

As in later stories, the doctor is, however, only mentioned, and his presence in the story is limited to a one-sentence reference explaining that his visits were but once a week. The doctor also has no voice in the story, a recurring technique Wharton employed to indicate his insignificance. As Alice Hartley observes, "If Mrs. Brympton was an invalid it was likely enough she had a nurse", and may even require more frequent visits from the doctor; but there is no nurse, and Alice Hartley is thankful for this, since the idea of a nurse in the house "annoyed" her - suggesting that she perhaps wished from the start to adopt the role of nurse or carer to the patient.⁷⁹

On meeting her new employer, Alice Hartley is immediately sympathetic to her plight as a sick and isolated woman - in part because it reflects her own condition - and she determines to help this lonely "delicate-looking lady". The absence of a nurse or doctor allows Alice to become Mrs Brympton's surrogate healer and friend, an allusion to the need for a female healer rather than for a doctor. Even during the doctor's short visit, Alice does

not follow his "trifling" directions and chooses instead to make her own diagnosis of her mistress's illness: "I thought, from a waxy look she had now and then of a morning, that it might be the heart that ailed her."⁸⁰ Evidently, the doctor is not shown as positively affecting Mrs Brympton's condition in any way, and it is apparent that Alice feels this and takes it upon herself to become Mrs. Brympton's health supervisor. This is clearly illustrated when Mrs. Brympton asks Alice to buy her a prescription, and Alice assumes that the lady has decided to end her life and thus asks the pharmacist to study the prescription. A deeper reading might in fact suggest that instead of being concerned that Mrs Brympton would commit suicide, Alice was instead worried that the doctor might have badly misprescribed for her employer's condition, and in asking for details of the prescription she is assuming medical authority. The fact that the prescription turns out to be only for "lime-water", something a baby can take "by the bottleful", only adds to the doctor's utter worthlessness to the treatment of Mrs Brympton's illness. It shows in a very subtle manner that, even though Mrs. Brympton's illness is undefined and the doctor's methods are undefined, his prescription of lime water indicates both the insignificance of his methods and his treatment of Mrs Brympton as a child, revealing a direct resemblance between his methods and those of Weir Mitchell and the "rest cure".

Alice's medical authority is evident during Mrs. Brympton's final collapse:

A dreadful look came over her, and without a word, she dropped flat at my feet. I fell on my knees and tried to lift her; by the way she breathed I saw it was no common faint. But as I raised her head there came quick steps on the stairs and across the hall; the door was flung open, and there stood Mr. Brympton in his traveling clothes,

the snow dripping from him. He drew back with a start when he saw me kneeling by my mistress.⁸¹

Her husband's reply, "'What the devil is this?'" , expresses his shock and resentment at Alice's care for her mistress, and the reappearance of the ghostly Emma Saxon at the threshold of the dressing room door firmly establishes the relationship between all three women, as both patients and healers. This relationship is corroborated by the husband; when trying to cross the threshold, he suddenly "dropped back", because he too can see Emma Saxon - as in a similar manner, earlier in the tale, when, on the sudden appearance of Alice Hartley at Mrs Brympton's door in the middle of one night, he starts back, looking "red and savage", and says, "in a queer voice", "*You? . . . How many of you are there, in God's name?*" ⁸² Mrs Brympton's death is finally announced by the medical authority in the story, Alice Hartley, who sees the "death flutter" pass over the face of her mistress.⁸³

Alice Hartley assumes the role of nurse and healer probably because she has suffered under medical hands: at any rate, it is clear that Wharton did not want the reader to ignore her previous illness, since she places it in the first sentence of the story: "It was the autumn after I had the typhoid. I'd been three months in hospital, and when I came out I looked so weak and tottery that the two or three ladies I applied to were afraid to engage me." Obviously, hospital treatment did not succeed in successfully curing Alice Hartley, and her general weakness is again emphasised by Mrs Railton, who offers Alice the job with Mrs Brympton because she recognises that Alice is not exactly "brisk", and feels that "a quiet place, with country air and wholesome food and early hours, ought to be the very thing" for her.⁸⁴

It is significant that the narrators of the last three stories are ex-patients, and are all potential hysterics who become greatly affected by the solitude and loneliness of their environment. In this story, even though Alice declares that "[she] is not afraid of solitude", it is the solitude of the house which subjects her to hallucinations and mental discomfort.⁸⁵ Her employer, Mrs. Brympton, in recognising solitude as affecting mental health, recommends that Alice regularly run errands into town as a method of relieving her increasing nervousness: "My mistress, knowing I had been ill, insisted that I should take my walk regularly, and often invented errands for me. . . . As soon as I was out of doors my spirits rose, and I looked forward to my walks through the bare moist-smelling woods; but the moment I caught sight of the house again my heart dropped down like a stone in a well." It is only when she is deprived of these walks by the "unwholesome" season and the "long spell of rain", that Alice grows "so nervous that the least sound made [her] jump", until finally she writes, "At last the silence began to be more dreadful to me than the most mysterious sounds."⁸⁶ It is the combination of solitude and silence, female confinement and illness, together with the portrayal of Alice Hartley as both female healer and suffering patient, that are Wharton's techniques for indicting the medical man in this story. However, the alliance of the three women - Mrs. Brympton, Emma Saxon and Alice Hartley - fails to counteract the pernicious effects of the house, the doctor and the "rest cure", which have claimed another victim by the end of the tale.

In all of these stories, Wharton shows the failings of the "rest cure" and of medical practice in general by indicting symbolically its central practices of

isolation and confinement. However, It is significant that the narrators of the last three stories are ex-patients, and all potential hysterics who have become greatly affected by the solitude and loneliness of their environments. In this story, even though Alice declares that "[she] is not afraid of solitude", it is the solitude of the house which subjects her to hallucinations and mental discomfort.⁸⁵ Her employer, Mrs. Brympton, in recognising solitude as detrimental to mental health, recommends that Alice regularly run errands into town as a method of relieving her increasing nervousness: "My mistress, knowing I had been ill, insisted that I should take my walk regularly, and often invented errands for me. . . . As soon as I was out of doors my spirits rose, and I looked forward to my walks through the bare moist-smelling woods; but the moment I caught sight of the house again my heart dropped down like a stone in a well." It is only when she is deprived of these walks by the "unwholesome" season and the "long spell of rain", that Alice grows "so nervous that the least sound made [her] jump", until finally she writes, "At last the silence began to be more dreadful to me than the most mysterious sounds."⁸⁶ It is the combination of solitude and silence, female confinement and illness, together with the portrayal of Alice Hartley as both female healer and suffering patient, that are Wharton's techniques for indicting the medical man in this story. However, the alliance of the three women - Mrs. Brympton, Emma Saxon and Alice Hartley - fails to counteract the pernicious effects of the house, the doctor and the "rest cure", which have claimed another victim by the end of the tale.

In all of these stories, Wharton shows the failings of the "rest cure" and of medical practice in general by responding symbolically to its central

practices of isolation and confinement, often by using Gothic techniques and features. Between 1790 and 1820, the Gothic novel was the most popular kind of fiction in Britain and America. In Britain, Ann Radcliffe was one of the first to explore this aspect of fantasy literature, and she set the pattern for the genre with its elements so sharply opposed to the classical. Gothic fiction usually has little order or decorum because it represents, as Eve Sedgwick affirms, "the darker side of awareness", the side to which the imagination belongs, and in which rational judgement is absent.⁸⁷ As Sedgwick explains, the function of Gothic is to open horizons beyond, "social patterns, rational decisions, and institutionally approved emotions".⁸⁸

The Gothic novel has been very influential, particularly its imagery, narrative techniques and conventions, which frequently include a selection from the following: ghosts, nightmares, incarceration, strange sounds and noises, madness, physical and mental pain, spiritual angst, feelings of melancholy, anxiety-ridden sentimental love, horror, and the discovery of obscured family ties. In addition to all these basic elements, the Gothic, as David Punter defines it, is a "literature of psychic grotesquerie", in which the individual, in a state of irrationality and obsession, loses touch with the outside "objective" world. Exposing aspects of the unconscious, this kind of literature takes readers into the landscapes of the human mind, immersing them in the "psyche of the protagonist often through a sophisticated use of first person narrative".⁸⁹

Edith Wharton's fiction stands at a distance, both chronologically and imaginatively, from the Gothic novel but still maintains many Gothic

features. Wharton not only uses traditional Gothic techniques in her stories, but she also creates a new dimension to the genre; utilizing the potential of the Gothic to expose hidden miseries and systems of oppression, she thereby explores the medical struggles and sufferings of women.

The traditional Gothic in Wharton's fiction is evident in many of her short stories; the gloomy and mysterious castle with its spectres, monsters, corpses, ghosts, or evil aristocrats, combined with either villainous husbands, scientists or fathers working to cause the heroine mental and bodily suffering - all these are used in some form by Wharton to respond to the medical practice of the nineteenth century. In "Kerfol", "All Souls", "The Lady's Maid's Bell", and "Miss. Mary Pask," the Gothic features of entrapment, isolation, and the gloomy, mysterious house are used by Wharton as a means of expressing her heroines' suffering. She achieves this by fusing these Gothic elements, often ironically, with the medical practices of the nineteenth century and its ill effects on women, thereby expressing the social and psychological constraints on women imposed by the male medical practice. The presentation of the house of Kerfol, for example, establishes it as a typical Gothic castle, its ruinous state and hidden passageways associating it with a dark past.

Lynette Carpenter and Wendy Kolmar, in their observation of women's ghost stories, have concluded that women writers use the ghost story genre, "to critique mainstream male culture, values, and tradition".⁹⁰ They trace the origin of this type of genre to the mid-nineteenth century Gothic novel, and claim that the influence of British women writers on American women writers of the ghost story is greater than the influence of their male

counterparts - "women's ghost stories spoke particularly to a female readership and drew their key concerns from women's culture".⁹¹ These critics affirm the existence of a distinctive women's tradition of ghost story writing in both England and America which developed in "conscious antithesis to men's stories".⁹²

Carpenter and Kolmar also observe that there is a female tradition of supernatural literature and a reimagining of this genre by women writers, stating that there is "a set of common reasons for turning to the ghost story, a set of similar perceptions among many women writers of the possibilities of the form for exploring dangerous territory".⁹³ Women writers used the Gothic to express the inexpressible and to address issues they could not confront openly. From the Gothic they borrowed images of women victimized in the home, and subjected to physical and mental suffering by a superior, villainous, male figure, thus exposing the lot of so many women restricted within the confines of a patriarchal society. Kolmar and Carpenter assert, "that a genre concerning itself centrally with the haunting of houses should attract women writers is hardly surprising, given the long-standing designation of home as "woman's sphere". On another level, "Houses haunted by women provide a powerful image of the house as an embodiment of female tradition."⁹⁴

Most of Wharton's short stories discussed here describe some kind of confinement and enclosure; in the case of her female characters, they are entrapped either by marriage ("Kerfol" and "The Lady's Maid's Bell"), or are simply confined to an isolated home ("All Souls"). Wharton skilfully uses the Gothic elements of confinement and isolation to respond to the

prevalent medical practice of the nineteenth century, since this was such an integral part of its therapies and treatments. In Kathy Fedorko's examination of Wharton's use of the Gothic, she concludes that, "Wharton uses the Gothic, not only in short stories but in her realistic novels as well, to portray one "secret" in particular: that traditional society and the traditional home, with their traditional roles, are dangerous places for women.", and that in Wharton's ghost stories the Gothic signifies the "inability to acknowledge one's knowledge, to face the secret, to claim one's darker self."⁹⁵ Fedorko relates Wharton's Gothic to sexual repression, explaining that, "Writing Gothic stories was a way for Wharton to enact the psychic drama of repressed female language and eroticism that was part of her own experience." By writing such tales, Wharton reveals "the terrors of powerlessness, isolation, silence, and suppressed sexuality that haunt and may even destroy women".⁹⁶ Such terrors certainly faced many female patients, as we have seen from the study of many of the ideas and therapies promoted by the nineteenth century medical profession. As Fedorko asserts, Wharton uses the Gothic to express fears of isolation and confinement in relation to orthodox medical practice, and this becomes part of the way she responds to such practices. In "The Lady's Maid's Bell", Emma Saxton's ghost appears in an attempt to tell of a wrong that has been committed, for "her appearance is an appeal for justice or a preventive against its recurrence." According to Fedorko, Emma's muteness "makes her the ideal symbol for the untold female story", and the appearance of Emma's ghost becomes a cry for such constrained and hampered women to help each other.⁹⁷ Emma appears to Alice Hartley, the surrogate healer, in an attempt to direct her to heal Mrs. Brympton. It is possible that Emma previously tried to heal Mrs. Brympton but failed, and now she returns to

help Alice establish herself as Mrs. Brympton's healer - which is achieved, since she is in the end the one who holds Mrs. Brympton in her arms as she dies. Moreover, all three women succeed in helping and bonding with each other, leaving Mr. Brympton powerless at, and excluded from, his wife's death.

In her last story, "Diagnosis" (1930), Wharton presents a more explicit representation of illness and the malpractice of medical men. As the title suggests, the story centres around the diagnosis of Paul Dorrance, a forty-nine year-old man, whom two New York doctors have informed that "his dark fears were delusions; and all he needed was to get away from work till he had recovered his balance of body and brain".⁹⁸ After the physicians depart, however, Dorrance finds a prescription accidentally dropped on the floor by one of the doctors which suggests the opposite - that his disease is in fact fatal. Acting on this information, Dorrance - out of obligation and need, rather than love - proposes marriage to Eleanor Welwood. Despite his illness, Eleanor accepts, and after their marriage the couple travel through Europe, stopping in Vienna where Dorrance seeks another medical opinion and is told by a specialist that the diagnosis of cancer was incorrect. He relates this information to his wife and is surprised by her "mask of composure". The couple then return to New York, where Eleanor falls ill with pneumonia and dies. On her death-bed she tries to tell her husband something, but death prevents her. Dorrance later discovers, when the New York physician who gave the first diagnosis comes to offer his condolences, that Eleanor knew all along that the diagnosis was wrong, and that the prescription was intended for another patient.

It is possible to interpret the story in two different ways: that Eleanor uses the prescription to trick Paul Dorrance into marriage (the stated motive); or, that Eleanor deliberately allowed Dorrance to believe in his bad health as a means of vengeance generally against men. In other words, from a belief that because so many women's lives have been disrupted by incorrect medical diagnoses, it is time that a man suffers the same fate - this is, at any rate, what happens to the protagonist Paul Dorrance, as his fatal illness propels him into marriage with Eleanor, just as in the nineteenth century so many women were bullied into marriage through fear of theories that claimed they would be doomed to lifelong illness and/or mental disease if they failed to follow the "natural" life plan. Dorrance realises that, "It was the bogey of death, starting out from the warm folds of his closely-curtained life, that had tricked him into the marriage, and then left him to expiate his folly."⁹⁹ Even though the running theme of the story is Dorrance's boredom and the deleterious effects of New York society on his life, the presence of illness in the story cannot be ignored. The title alerts the reader to this kind of interpretation, and the story's structure also enhances this theme.

The story is divided into six sections, each one exploring ideas relating to the theme of illness. The first describes Dorrance's discovery of the New York doctors' diagnosis, during which, after the departure of the doctors, "his mind drifted agreeably among the rich possibilities of travel . . . the West Indies, the Canaries, Morocco - why not Morocco, where he had never been? And from there he could work his way up through Spain."¹⁰⁰ This "dream of travel" is the first idea to come to Dorrance after the doctors leave, but once he has discovered he is truly sick, he decides to

marry Eleanor and they travel to Europe together - and through travel his health is restored and he discovers the faulty diagnosis.

The second section details the first part of their journey and the Vienna specialist's diagnosis. As soon as the couple set off on their travels, Paul's health starts to improve: they "travelled by slow stages toward the Austrian Alps", and from the beginning it appeared that, "The journey seemed to do Dorrance good; he was bearing the fatigue better than he had expected; and was conscious that his attentive companion noted the improvement, though she forbore to emphasise it." In Vienna, Dorrance consults "a celebrated specialist" who was said to have "new ways of relieving the suffering caused by such cases as Dorrance's". The doctor tells Paul Dorrance that he will live, and makes him realise that "he knew no more how to prepare for the return of life than he had for the leaving it".

The third section of the story shows Paul's revitalisation after the second diagnosis, "the magnificent gift of life" being now "restored to him as lightly as his New York colleagues had withdrawn it".¹⁰¹ Dorrance decides to take the (unspecified) cure recommended by the Viennese specialist, which apparently includes further travel and is described as "successful". Rejecting his wife's suggestion of their return to New York, Paul once again focuses on travel, saying, "But wouldn't you rather travel for a year or so ? How about South Africa or India next winter?" The fourth section explains his wife's part in his convalescence, which acted as "a soft accompaniment of music, a painted background to the idle episodes of convalescence". The fifth part of the story is devoted to

Eleanor's illness and death. Back in New York, Eleanor suffers "a bad bronchitis, following on influenza" - New York seeming to have a detrimental effect on her health, as it did on Wharton's own. Wharton, like Eleanor, suffered from bronchitis and, like Paul Dorrance, regarded travel as a cure. Then, in the last section of the story, Paul learns of Eleanor's knowledge of his mistaken diagnosis. The visiting doctor is surprised to learn that Dorrance believes that the shock of the mistaken diagnosis to have killed his wife, and tells him that Eleanor "brought the paper back" the same day of the diagnosis, and that "you picked it up after we left, and thought it was meant for *you*".¹⁰²

Thus the doctors diagnoses are central to both the plot and the main themes of the story, and it is through these that Wharton shows the mistakes and malpractice of these practitioners. Wharton does this subtly and implicitly, but so that the reader cannot ignore the comments in the story which relate to this idea. In the first section, when, "The two eminent physicians he had just seen had told him he would be all right again in a few months", instead of accepting this diagnosis, Paul voices his resentment towards and distrust of the doctors: "Infernal Humbugs; as if I didn't know how I felt." Later, when he discovers the prescription, he believes that "these two scoundrels" have lied to him, and that their callous professional haste had "tossed his death sentence before him". Once again, when Eleanor is on her death bed, Dorrance advises his wife not to "let the doctors scare you".¹⁰³ All of these factors work to present a negative representation of the medical man, voicing Wharton's own rejection of the advice of such "eminent physicians", and suggesting that travel is in fact the best cure for such complaints. Also, Wharton, like Alcott, inverts the stereotype of the

nervous woman, and shows the male protagonist as also discomforted by confinement and isolation, all of which are symbolically represented by the image of the secluded house. By creating these gothic overtones, Wharton shows that isolation and confinement are not healthy medical practices, and can in fact be highly dangerous, in some cases leading to madness rather than to the desired alleviation of mental or physical suffering.

The final Wharton short story to be discussed is "The Hermit and the Wild Woman" (1908): set in late medieval Italy, it is the tale of a hermit who since childhood has passed his time "hidden from life" in a "hollow rock", content to be away from "life and evil", and finding "pleasure in the minute performance of his religious duties".¹⁰⁴ Throughout his life, the hermit has concentrated on "keeping his thoughts continually on the salvation of his soul", and "knew not a moment's idleness".¹⁰⁵ One day the hermit decides to set forth on "a visit to the saint of the rock", a similarly solitary individual living on the other side of the mountains. Upon returning to his cave, "a wonder awaited him": a young woman who calls herself a "wild woman".¹⁰⁶

This woman tells the hermit that she is a nun who has recently escaped from a convent because she had been consistently prevented from bathing herself. He accepts her presence and the pair live in separate caves in the wilderness for many years, until the wild woman dies in a pool of water. The hermit, who until her death regarded her desire to bathe as a sinful urge towards self-gratification, ultimately accepts that in fact her nature was more saintly than his own.

Wharton wrote this tale in 1906, at a time when her personal problems were most pressing, and when she herself was trying to play the part of healer in relation to her husband's increasing mental illness. R. W. B. Lewis claims that the story has only biographical significance, and he regards the relation between the "wild woman" and the hermit as "an elementary version, at several kinds of remove, of the relation between Edith Wharton and Walter Berry, during the period when she was escaping or trying to escape from her own convent, her marriage".¹⁰⁷ Lewis believes that the repressed hermit represents certain aspects of Walter Berry - who found Wharton's sensuality rather disturbing and repellent - and denounces the story as "a failure", regarding it as such "a tedious and contrived piece of work" that "one is at a loss to understand why Mrs. Wharton wrote it".¹⁰⁸

However, studying the story in the context of the themes of sickness and healing, it takes on new meanings and significance; in this story Wharton moves from portraying a surrogate healer, (as in "Diagnosis"), to showing a wise woman using natural preparations to heal the sick. Although it is certainly true, as Lewis asserts, that the story reflects "a deeply troubled" period in Wharton's life, it was a period of increasing illness as well as of emotional deprivation, and it can therefore be read in this context. The wild woman in this story is also a "wise woman" who performs miraculous cures upon herself and others. When she first meets the hermit, she tells him how she hated her life in the convent: "I hated to look out on that burning world! I used to turn away from it, sick with disgust, and lying on my hard bed, stare up by the hour at the ceiling of my cell. But . . . flies crawled in hundreds on the ceiling". The darkness and heat of her cell

cause her at first to move to another cell "overlooking the garden", but this did not help the sense of enclosure because:

The garden, being all enclosed with buildings, grew as stifling as my cell. All the green things in it withered and dried off, leaving trenches of bare red earth, across which the cypresses cast strips of shade too narrow to cool the aching heads of the nuns; and I began to think sorrowfully of my former cell, where now and then there came a sea breeze, hot and languid, yet alive, and where at least I could look out on the sea. But this was not the worst; for when the dog days came I found that the sun, at a certain hour, cast on the ceiling of my cell the reflection of the ripples on the garden tank; and to say how I suffered from this sight is not within the power of speech. It was indeed agony to watch the clear water rippling and washing above my head, yet feel no solace of it on my limbs: as though I had been a senseless brazen image lying at the bottom of a well. But the image, if it felt no refreshment, would have suffered no torture; whereas every vein of my body was a mouth of hives praying for water.¹⁰⁹

This passage, with its images of enclosure contrasted with her sensual longing for the "sea breeze" and "clear water" emphasizes the importance of water as a cure for the wild woman's "bodily distress", while this very desire to bathe herself is declared a sin by the other nuns, "one of the lusts of the flesh, to be classed with the concupiscence and adultery".¹¹⁰

Throughout the story, water bears not only this sensual meaning, but also becomes a kind of medical therapy - for example, when escaping from the convent, the wild woman cuts her feet from running over sharp stones, but the "joy of bathing . . . made the wounds sweet".¹¹¹ Further, the wild woman's ability to heal is explicitly portrayed in her encounter with the "goatherd"; one day when visiting the wild woman, the hermit finds her "engaged with a little goatherd, who in sudden seizure had fallen from a

rock above her cave, and lay senseless and full of blood at her feet. And the hermit saw with wonder how skilfully she bound up his cuts and restored his senses, giving him to drink of a liquor she had distilled from the simples of the mountain; whereat the boy opened his eyes and praised God, as one restored by heaven."¹¹² However, the hermit is displeased by the wild woman's ability to heal, and like many men through the ages in the face of female healers, declares that she has succeeded only by means of "unholy spells".¹¹³

The wild woman increases her medical authority by giving a diagnosis of the case and by defending her remedies as "learned" and not magical. She tells the hermit that:

. . . the goatherd's sickness was caused only by the heat of the sun, and that, such seizures being common in the hot countries whence she came, she had learned from a wise woman how to stay them by a decoction of the carduus benedictus, made in the third night of the waxing moon, but without the aid of magic.¹¹⁴

The wild woman's ability to heal is resented by the hermit, who seems jealous and tries unsuccessfully to undermine her position. This is presented symbolically at the beginning of the story, through the image of the garden. The hermit has cultivated a beautiful garden, but leaves it without water when he visits the saint of the rock. When he returns he is surprised that although "the earth of the hillside was parched and crumbling", his garden, thanks to the efforts of the wild woman, was "fresh and glistening, to a height never attained".¹¹⁵ From then on the wild woman effectively takes over the garden, and it becomes a "physic garden" where she grows her healing herbs. Thus, the hermit's failure to maintain

the garden is part of his failure as a medical authority in the story, and this is further displayed when "a deputation of burgesses came with rich offerings" in order to seek out a skilled healer to "descend and comfort their sick", and it is the wild woman who departs on this "dangerous mission" alone. The hermit offers to accompany her on the mission but "she bade him remain", and on her return, when she begins to feel "a heaviness of body", even though the hermit "besought her to cease from laboring and let him minister to him. . . . she denied him gently, and replied that all she asked of him was to keep her steadfastly in his prayers".¹¹⁶

In her sickness, the wild woman turns again to water as a cure, but this time her healing fails and she dies. This ending does not undermine her position as healer, however, for as she dies a "cry of praise" rose up from the crowd at her death bed, for "many were there whom this Wild Woman had healed, and who read God's mercy in this wonder", while "in anguish" the hermit's "enfeebled frame . . . sank to the ground".¹¹⁷

Wharton's attitude toward female health and healing, and her response to the medical establishment, are rather more complex in the novels. In the late *Twilight Sleep* (1927), the protagonist, Pauline Manford, is treated with both seriousness and irony by the author, for she is simultaneously an authoritative healer and self-healer. Pauline has been married twice, and has children from both marriages: a son, Jim, from her first marriage to Arthur Wyant, and a daughter, Nona, from her present marriage to the prominent new York lawyer, Dexter Manford. Jim and his wife, Lita, are experiencing difficulties in their marriage, the main problem being Lita's

dissatisfaction with her new role as wife and mother. The family becomes involved, and, as part of an effort to distract Lita from her desire for a divorce, Dexter Manford tries to keep Lita entertained and occupied. However, this fatherly concern soon develops into something more romantic, and the two have an affair. Pauline is unaware of her husband's involvement with Lita, but Arthur Wyant learns of the relationship and determines to take action on behalf of his son. He breaks into the family country house with the intention of shooting Dexter Manford, but Nona intervenes and is wounded instead of her father. The novel ends with the shooting ascribed to a burglar, and the reunion of the two couples. Lita and Jim go on a tour of Europe, and Pauline and Dexter also decide to travel. Meanwhile, Nona is left to recover from her wound, and Arthur Wyant is sent away for a cure.

In *Twilight Sleep* Edith Wharton examines popular health cures and the physical and mental development of the individual through the character of Pauline Manford. When first introduced to Pauline, we are presented with her frantic morning schedule:

7:30 Mental uplift. 7:45 Breakfast. 8. Psycho-analysis. 8:15 See cook. 8:30 Silent Meditation. 8:45 Facial massage 9. Man with Persian miniatures. 9.15 Correspondence. 9.30 Manicure. 9.45 Eurythmic exercises. 10. Hair waved. 10.15 Sit for bust. 10.30 Receive Mothers' Day deputation. 11. Dancing lesson. 11.30 Birth Control committee at -. "118

At some stage in the past, Pauline experienced some kind of nervous breakdown, and was cured, not by a medical professional, but by a popular health cure combined with a rigorously planned and busy life - the pressures and demands of her present life now acting as a means of

preventing a recurrence of her past illness. Her nervous condition is compared to the present state of her first husband, Arthur Wyant, "who had never been taught poise, or mental uplift, or being in tune with the Infinite; but rather as one agitated by the incessant effort to be calm". In contrast, Pauline has had the advantage of learning, through the Mahatma's many different "rhythmic exercises", ways in which "to be in tune with the Infinite" and to improve her general mental health.¹¹⁹

The Mahatma is one of the leaders of a new health movement, part of the School of Oriental Thought. This new movement celebrates "the nobility of the human body", praises "the ease of the loose Oriental dress compared with the constricting western garb", and advocates a "Return to Purity".¹²⁰ Wharton describes Pauline's practice of the movement's teachings using strong medical imagery, her bathroom being portrayed as a laboratory in which she examines and experiments upon her own body:

Standing before the threefold mirror in her dressing-room, she glanced into the huge bathroom beyond - which looked like a biological laboratory, with its white tiles, polished pipes, weighing machines, mysterious appliances for douches, gymnastics and "physical culture" - and recalled with gratitude that it was certainly those eurythmic exercises of the Mahatma's ("holy ecstasy," he called them) which had reduced her hips after everything else had failed. And this gratitude for the reduction of her hips was exactly on the same plane, in her neat card-catalogued mind, with her enthusiastic faith in his wonderful mystical teachings about Self-Annihilation, Anterior Existence and Astral Affinities . . . all so incomprehensible and so pure . . . ¹²¹

There is here a great emphasis on the "holy ecstasy" of the Mahatma and his power to inspire such "enthusiastic faith" in the rather vulnerable Pauline, and a strong suggestion of Pauline's rather trivial response to such

transcendental teachings, as shown also by the narrator's later statement that "the Mahatma certainly had reduced Mrs. Manford's hips - and made her less nervous too".¹²² However, there is a more serious side to Pauline's rather obsessive and self-regarding commitment to health; instead of placing herself in the hands of ordinary medical professionals, and their tools and gadgets used to invade the female body, she has opted for a form of self-help - the invasive tools being replaced by the "appliances for douches, gymnastics and 'physical culture'" which help to keep her mind and body healthy.

Through a conversation between Pauline and her husband, Dexter, it is revealed that the Mahatma is in legal trouble, and Dexter is to be the legal advisor in a law suit raised against the Mahatma by the Grant Lindons. Mr. Lindon, whose daughter has been involved with the Mahatma, is extremely agitated by the methods used by the movement and is determined to take the case to the Grand Jury. This poses a real threat to the Mahatma, as suspicion of his practices is growing in New York and "beginning to be a menace" to the movement.¹²³ Thus, Pauline tries to persuade her husband to convince the Lindons to drop the case against the Mahatma:

"You must not be mixed up in this investigation. Why not hand it over to somebody else? Alfred Cosby, or that new Jew who's so clever? The Lindons would accept any one you recommended; unless, of course," she continued, "you could persuade them to drop it, which would be so much better. I'm sure you could, Dexter; you always know what to say - and your opinion carries such weight."¹²⁴

Dexter Manford refuses to drop the case, and Pauline continues to try and convince him that his involvement will only jeopardise his "professional prestige". Pauline's fixation on her health is clearly behind her

apprehension and determination to stop the legal case against the Mahatma for, "if anything did go wrong, it would upset all her plans for a rest-cure, for new exercises, for all sorts of promised ways of prolonging youth, activity and slenderness".¹²⁵

Pauline's many attempts to influence her husband are finally successful, and Dexter Manford persuades the Lindons to drop the case. "I've been thinking over what you said the other day; and I've decided to advise the Lindons not to act . . . too precipitately. . . . They've abandoned the idea." At this, Pauline's eyes were "brimming", and, "Her heart trembled with a happy wonder in which love and satisfied vanity were subtly mingled."¹²⁶ In these attempts to dissuade her husband from acting against the Mahatma - her main health advisor - can be discerned a subtle struggle for authority over her physical and mental health. Her husband is not a medical figure, but his desire to overcome the Mahatma is, in a sense, a desire to control his wife's health. Dexter Manford does not believe in the Mahatma, and resents his wife's involvement with him. Yet Pauline's success in persuading her husband to drop the case, and her involvement in other health cures without her husband's interference, proves her authority over her own mind and body, which was temporarily threatened by her husband.

Upon entering Dexter's office to discuss the legal case against the Mahatma, Pauline is the image of cleanliness and health, in marked contrast to the untidiness and dirt of the office. According to Dexter, Pauline wants to "de-microbe life", her perfume always reminding him of a "superior disinfectant", and, despite his resistance, she attempts to transform his

office into a "hospital ward or hygienic nursery", assuring with her "gloved finger-tip that there was no dust in any corners".¹²⁷ With the office likened to a hospital, Pauline's inspection becomes a kind of medical examination, leading on to speculation concerning Dexter's health. Pauline observes that, "you look tired, Dexter . . . tired and drawn", and reminds him of one of the Mahatma's ideas, which she assumes he has absorbed: "You do renew the air at regular intervals? I'm sure everything depends on that; that and thought-direction. What the Mahatma calls mental deep-breathing." Dexter's resistance to this interference sends him behind his desk, where he felt "in fuller possession of himself", and from this point he begins to fight the Mahatma's influence over Pauline, although he ultimately fails in his attempt to possess any authority.¹²⁸

Pauline's authority over health matters is subtly and ironically displayed in her relationship with her husband. When the couple were first married, Dexter "dreamed of quiet evenings at home, when Pauline would read instructive books aloud", but Pauline disapproved of this desire, regarding it "as a symptom of illness, and decided that Dexter needed 'rousing', and that she must do more to amuse him".¹²⁹ Here Wharton is also referring to the methods of the rest cure, which advocated reading and relaxation as opposed to activity. Because she sees Dexter's desire for rest as a symptom of illness, Pauline decides that his treatment should involve much activity, and, taking responsibility for his health:

"As soon as she was able after Nona's birth she girt herself up for this new duty; and from that day Manford's life, out of office hours, had been one of almost incessant social activity. At first the endless going out had bewildered, then gradually grown to be a soothing routine, a sort of mild drug taking after the high pressure of professional hours."¹³⁰

Pauline Manford is a woman with an "iron rule"; her "clock-work routine", while described with gently irony and some humour by the author, is, however, the means by which she retains mental and physical health while living in what is effectively an emotional and intellectual vacuum. She is a new woman with many ideas on birth control, divorce, childbirth, etc., and frequently lectured other women on such issues, during which she "saw the world through their eyes, and was animated by a genuine ardour for the cause of motherhood and domesticity".¹³¹ Central to her beliefs is the idea that all women have the right to develop their personality:

"Personality first and last, and at all costs. I've begun my talk to you with that one word because it seems to me to sum up our whole case. Personality - room to develop in: not only elbow-room, but body-room and soul room, and plenty of both. That's what every human being has a right to. No more effaced wives, no more drudged mothers, no more human slaves crushed by the eternal round of house-keeping and child-bearing".¹³²

Thus, Pauline is an advocate for the development of the female personality is a primary requirement for a fulfilled and happy life, while a life consisting solely of house-keeping and child-rearing can "crush" not only a woman's personality, but also her bodily health.

An "erect athletic woman, with all her hair and all her teeth", Pauline takes care of her body through gymnastics and other activities, and, wanting to preserve her health and youth, she turns not to medical professionals but to popular faith healers - first to the Mahatma, and then to another healer, Alvah Loft - in an attempt to "combat the nervous apprehension produced

by this breathless New York life".¹³³ However, it is later revealed that Pauline's implied nervousness is not induced by the crowds and motor cars of New York, but by the emotional emptiness and boredom of her marriage. Pauline, like many women, blames herself for the lack of intimacy in her relationship with her husband: Dexter Manford is a man "overburdened with professional cares", but he still "wished" to be with his wife, although "he had apparently no desire to listen to her".¹³⁴ Although Pauline feels "secret tremors . . . rippling through her", she does not know how to:

spell the mute syllables of soul-telegraphy. If her husband wanted facts - a good confidential talk about the new burglar-alarm, or a clear and careful analysis of the engine-house bills, or the heating system for the swimming pool - she could have found just the confidential and tender accent for such topics. Intimacy, to her, meant the tireless discussion of facts, not necessarily of a domestic order, but definite and palpable facts. . . . Pauline's passionate interest in plumbing and electric wiring was suffused with a romantic glow at the thought that they might lure her husband back to domestic intimacy. . . . What paralyzed her was the sense that, apart from his profession, her husband didn't care for facts, and that nothing was less likely to rouse his interest than burglar-alarm wiring, or the last new thing in electric ranges. Obviously, one must take men as they were, wilful, moody and mysterious; but she would have given the world to be told (since for all her application she had never discovered) what those other women said who could talk to a man about nothing.¹³⁵

Meanwhile, Pauline craves her husband's love and attention: "His obvious solicitude for her was more soothing than any medicine, more magical even than Alvah Loft's silent communion. Perhaps the one thing she had lacked, in all these years, was to feel that some one was worrying about her as she worried about the universe."¹³⁶ She cancels her plans for a rest cure to be taken in March at the Dawnside in order to be with her husband and

family, saying, "my rest-cure doesn't matter; being with you all at Cedarledge will be the best kind of rest", and the narrator adds, "No rest-cure in the world was as refreshing to her as a hurried demand on her practical activity; she thrilled to it like a war-horse to a trumpet."¹³⁷ Pauline is, in fact, addicted to endless activity to keep her from depression; once when she finds within her busy schedule that she has an hour to just do nothing, the idea that she was without an "engagement or an obligation, produced in her a sort of mental dizziness".¹³⁸ The emptiness of Pauline's inner life is expressed ironically by the author, who shows that such inactivity is even more unendurable than the inactivity imposed by the rest cure, for:

during a rest-cure one was always busy resting; every minute was crammed with passive activities; one never had this queer sense of inoccupation, never had to face an absolutely featureless expanse of time. It made her feel as if the world had rushed by and forgotten her. An hour - why, there was no way of measuring the length of an empty hour! It stretched away into infinity like the endless road in a nightmare; it gaped before her like the slippery sides of an abyss. Nervously she began to wonder what she could do to fill it.¹³⁹

But Pauline's lot is the lot of very many such (often privileged and overprotected) women, reduced to an endless round of activity in order to keep at bay the recognition of the emptiness, dissatisfaction, and isolation of their lives.

It is only the satisfaction of her desires for intimacy and emotional fulfilment that will truly bring Pauline happiness, and so, without these, she continues to search for cures - the inference being, that if she does not continue this almost obsessive concern for her health, the sense of emotional emptiness will overwhelm her, and ultimately lead to another

nervous breakdown. (Just as the lack of intimacy in Wharton's own marriage led to her own collapse and nervous exhaustion). As Wharton's narrator comments, "All those rest-cures, massages, rhythmic exercises, devised to restore the health of people who would have been as sound as bells if only they led normal lives!"¹⁴⁰

Central to Pauline's personality is a fear of uncontrollable pain or suffering, and her life is to some extent devoted to eliminating this from her own life and from the lives of others:

Nothing frightened and disorganized Pauline as much as direct contact with physical or moral suffering - especially physical. Her whole life (if one chose to look at it from a certain angle) had been a long uninterrupted struggle against the encroachment of every form of pain. The first step, always, was to conjure it, bribe it away, by every possible expenditure - except of one's self. Cheques, surgeons, nurses, private rooms in hospitals, X-rays, radium, whatever was most costly and up-to-date in the dreadful art of healing - that was her first and strongest line of protection; behind it came such lesser works as rest-cures, change of air, a seaside holiday, a whole new set of teeth, pink silk bed-spreads, lace cushions, stacks of picture papers, and hot-house grapes and long-stemmed roses from Cedarledge.¹⁴¹

We are also told that if she had, "seen her family stricken down by disease in the wilderness, she would have nursed them fearlessly; but all her life she had been used to buying off suffering with money, or denying its existence with words".¹⁴² These comments suggest that Pauline's wealth has cushioned her from real life to a great extent, a suggestion that is echoed in the very title of the novel, which refers to a particular treatment of the time which allowed a few (privileged) women to go through childbirth with no pain. Early in the novel, the pregnant Lita tells Pauline of her

"blind dread of physical pain", and asked that nothing should "hurt" during childbirth. Pauline:

knew the most perfect 'Twilight Sleep' establishment in the country, and installed Lita in its most luxurious suite, and filled her rooms with spring flowers, hot-house fruits, new novels and all the latest picture-papers - and Lita drifted into motherhood as lightly and unperceivingly as if the wax doll which suddenly appeared in the cradle at her bedside had been brought there in one of the big bunches of hot-house roses that she found every morning on her pillow.¹⁴³

Pauline believed that, "Of course there ought to be no Pain . . . nothing but beauty. . . . It ought to be one of the loveliest, most poetic things in the world to have a baby." At the very end of the book, Pauline states that "being prepared to suffer is creating sin, because sin and suffering are really one. We ought to refuse ourselves to pain. All the great Healers have taught us that."¹⁴⁴ This refusal to experience pain, while on one level augmenting Pauline's role as female healer and medical authority, also hints at a darker meaning: that somehow Pauline herself is living in a "Twilight Sleep", in which the rush of modern life obliterates the real purpose (and pain) of living - to experience real emotion (and therefore the risk of loss), and to attain personal fulfilment and inner development.

However, during the family's stay at Cedarledge the hoped-for intimacy with her husband is denied, since Dexter chooses to get involved with her daughter-in-law, Lita Cliffe. Thus, Pauline focuses on her health and that of other women in the novel because she realizes the dangers of her situation: how the emptiness of her life - if not filled by a busy schedule and obsessive personal health care - could lead to a serious breakdown.

Instead, she seeks out new cures - "It always stimulated her to look forward to seeing a new healer" - and new healers. The healer she turns to after the Mahatma is Alvah Loft, a man who practises "soul-unveiling", and insists on time as a primary factor in developing the spirit: "He says we are all parching on our souls by too much hurry." Alvah Loft's treatment is described as very mystical, with no regard for time; he will take, "Days, weeks, if necessary. Our crowded engagements mean nothing to him. He won't have a clock in the house. And he doesn't care whether he's paid or not; he says he's paid in soul-growth." After receiving treatment from Alvah Loft, Pauline is revitalized and feels "as light as air" - free of all the things that had weighed on her "more than she cared to acknowledge".¹⁴⁵

Pauline's advice to Nona, Lita and Arthur also establishes her as a healer in the novel. In spite of her luxurious life, Lita is bored and unable to express herself and achieve some kind of fulfilment. Finally, she decides she wants a divorce in order to free her from her unsatisfactory marriage to Jim. Pauline, believing Lita "not very strong since the baby's birth", recommends "inspirational treatment" as the best cure, and plans the holiday at Cedarledge in order to "give Jim back a contented Lita".¹⁴⁶ This brings Lita temporary relief, but, highly ironically, only because her desires are at least partially satisfied by Pauline's husband, and thus she returns to Jim and does not permanently disrupt the family circle.

Unlike Pauline, Arthur Wyant fails to keep himself busy, and his empty life - his loneliness and boredom - induces an attack of nervous exhaustion at the end of the novel. Arthur is introduced as a character manifesting "a queer sort of nervous hypochondria", who is being nursed by a cousin,

Eleanor, who, "was reported to attend to his mending, keep some sort of order in his accounts, and prevent his falling a prey to the unscrupulous". He is referred to as "Exhibit A" throughout the novel, which suggests that he is something of a medical case needing treatment. During one of Nona Manford's visits to "Exhibit A", Eleanor reveals that Arthur is sick and that she is caring for him once again: "He's got the gout, and can't get up to open the door, and I had to send the cook out to get something tempting for him to eat".¹⁴⁷ Arthur's cure appears to be based on rest in the house, although he himself feels that more visitors would do him good, saying to Jim and Nona, "I wish you young fools would come oftener. It would cure me a lot quicker than being shipped off to Georgia."¹⁴⁸ Nevertheless, Arthur is finally shipped off, after his attempted murder of Dexter Manford. Although it is not clear where he is being sent - some say to Canada, and some "insinuated that a private inebriate asylum in Maine was the goal of his journey" - it is stated that Cousin Eleanor is to accompany him in the role of female healer. Meanwhile, we learn that, "Manford's professional labours had become so exhausting that the doctors, fearing his accumulated fatigue might lead to a nervous break-down, had ordered a complete change and prolonged absence from affairs."¹⁴⁹ It is thus two of the male characters, rather than the female, who are on the verge of a breakdown at the end of the novel, and both are prescribed travel as a cure.

The theme of female healer and male failure is also explored in Wharton's third novel *The Fruit of the Tree* (1907), which on one level depicts the moral bankruptcy of New York high society and the problems of the poor factory workers in the American industrial system, but on another explores the problems of disease and its treatment, in this instance centring upon the

complex issue of euthanasia. When Mrs. Amherst, wife of protagonist John, is injured by a fall from a horse, and it is known that if she is to survive it will be as a cripple, her nurse, Justine Brent, deliberately puts the patient out of her agonising pain by giving her an overdose of morphine. Later, Justine and John Amherst fall in love and marry, and live happily together until Justine's mercy killing is revealed by a doctor who happened to be a witness. Amherst is shaken by this revelation and the couple separate for a year, only to be united at the end of the novel, having realised their great need for each other.

The figure of Justine Brent is Wharton's strongest fictional representation of the female healer. Wharton inscribes Justine Brent as the most important character of the novel, for, as Janet Beer confirms, Justine Brent is important, "both in terms of Wharton's development as a novelist and within the structure of the novel", because, "she has the rare gift, in Wharton's fiction, of self-knowledge and the capacity to act in recognition of her own strengths and weaknesses".¹⁵⁰ Justine Brent is a "surgical" nurse, capable of taking care of herself and others, and her actions, medical opinions and finally the mercy killing are all supported and justified by the narrator and author. She is "a creature tingling with energy", to whom the hospital is "the most interesting place ever known".¹⁵¹ She is first introduced as a professional visiting nurse at Hanaford Hospital, who has been summoned to treat one of the factory workers, badly mutilated by catching his arm in the machinery. Justine is described as a nurse with a "cool note of authority", which is conveyed from the first through her treatment of the mutilated patient, Dillon.

This medical case presented at the beginning of the novel is not the only one in which Justine sustains "her cool note of authority".¹⁵² Throughout the text, Justine is in control of the other medical cases which arise, including those of Bessy Amherst, Bessy's daughter and her own step-daughter, Cecily. There are indeed doctors present in the text, but not only is their authority greatly limited so that they do not contribute to any of the patients' recoveries, but their "professional honour" is in doubt. Justine is presented as either in authority over the successful treatment of the patient, as in the case of Dillon, or as the wise healer who chooses to relieve her patient of her misery, as in the case of Bessy Amherst.

In the beginning, when we meet Justine caring for Dillon, she is the person who relates the conditions of Dillon's case to John Amherst, and it is to Justine that Amherst addresses his questions concerning Dillon's case. Amherst clearly regards her as the sole, trustworthy medical authority and requests only her diagnosis, even though he realises that, according to "hospital etiquette", it is Dr. Disbrow who should give all medical details. However, it seems that Dr. Disbrow's opinion is not trusted, and Amherst insists on gaining an "unbiased opinion" of Dillon's case from Justine Brent, since in his view, Justine is "quite competent to judge".¹⁵³ Justine offers an opinion which stands in direct opposition to Dr. Disbrow's "excellent report" of Dillon's case, and it is suggested that Dr. Disbrow's opinion is influenced by the fact that he is married to the sister of Truscomb, the manager of the mills, and therefore responsible for the dangerous and unhealthy conditions in which the workers are forced to work. Dr. Disbrow is proven not to have any "professional honour", for he reports that Dillon is only to lose a finger, not an arm as Justine declared

earlier to Amherst. Infuriated by Disbrow's report, Amherst places his faith in the skill of Justine, claiming angrily that, "someone equally competent to speak told me last night that he would lose not only his hand but his arm".¹⁵⁴

Throughout the characterisation of Justine Brent, Wharton places great emphasis on the fact that she is the only competent medical figure in the novel, and presents her in contrast to the male medical figures, both of whom prove to be dishonourable and unworthy of the patient's trust. John Amherst's confidence in Justine and in her medical diagnoses is only one of the techniques used by the author to make this point clear, and later in the novel the character of Stephen Wyant is used in a similar way. Dr. Stephen Wyant and Justine Brent have previously worked together as medical colleagues, and when Wyant meets Justine again in Hanaford he asks her to marry him. Justine refuses his proposal because "there was something within her that resisted and almost resented his homage"; although, at this point, Dr. Wyant's dishonourable nature remains hidden, still, upon meeting this man, Justine experiences "rushes of obscure hostility, the half-physical, half-moral shrinking from some indefinable element in his nature against which she was constrained to defend herself by perpetual pleasantries and evasion".¹⁵⁵ This "obscure hostility" continues between the two figures throughout the novel: for example, as treatment for Bessy Amherst's depression, before the riding accident which debilitates her, Dr. Wyant prescribes a "regime" which Mrs Amherst follows for a period of time in Justine's absence; however, the narrator criticizes Bessy's compliance with Dr. Wyant's prescription, by classifying her as one who still had, "that respect for the medical verdict which is the

last trace of reverence for authority in the mind of the modern woman".¹⁵⁶ This strong statement by the narrator elaborates further the indictment of the medical man in this novel, since the "medical verdict" comes from Stephen Wyant.

Ultimately, Justine Brent achieves medical autonomy when she performs the act of euthanasia on Bessy Amherst. At first, Justine appears to be shunned by the two medical men supervising Bessy's case - when Bessy is first brought to the house injured, Justine "sprang forward" to the patient, "but suddenly Wyant was before her, his hand on her arm".¹⁵⁷ This is the beginning of the prevention of Justine from attending medically to her female patient, and even though she works "shoulder to shoulder" with Wyant at first, upon the arrival of the surgeon Justine's medical authority declines, until the point when she reclaims it by performing the mercy killing on Bessy Amherst. Justine, in fact, is the only medical figure who begins and ends the novel capable, mentally and physically, of practising her profession effectively and successfully - the novel ending with another hospital setting and showing Justine continuing to exercise her "regular profession".¹⁵⁸

The scene of the mercy killing clearly reveals Justine's reestablishment of medical autonomy. Before this act, the narrator tells us that the "threshold of the sick-room" was not to be crossed by anyone, that "Wyant was absent", and that Justine had sole care of her patient. Bessy Amherst was "dying, and feeling herself die", and Justine witnesses her great pain and "certain spasmodic symptoms" that predicted more suffering to follow. Justine therefore decides to put the patient out of her misery by

administering an overdose of morphine. Dr. Wyant is the first to enter the sick room after the mercy killing, only moments after the act, and as Justine announces the patient's death Wyant stands, powerlessly "glaring at her, white and incredulous".¹⁵⁹

The next time Dr. Wyant appears in the text, he is no longer practising medicine and is addicted to morphine. On his return, he tells Justine that treating Mrs. Amherst had caused him to suffer a nervous collapse, and he tried to blackmail her into helping him to get an appointment at Hanaford Hospital, in return for his silence about the mercy killing. However, Justine refuses to help appoint him as doctor, judging him psychologically and physiologically incapable of treating patients, since he himself needs treatment for his addiction. It is possible that Wyant's nervous collapse was in some way caused by his recognition of Justine's medical authority, and could be read as a kind of symbolic gesture intended by the author to reveal the medical man's resentment, and insecurity in the face of the power of the female healer. This resentment is so strong it causes Dr. Wyant to collapse, but the power of the female healer is stronger still, since she is the only medical figure who remains competent in her profession.

This reading of *The Fruit of The Tree* is quite different from the readings by many critics, who frequently regard it as a morally complex text revolving around the ethical implications of the act of euthanasia, which leaves Justine not as autonomous and triumphant as she may initially appear. Janet Beer reads *The Fruit of The Tree* in connection with Wharton's *House of Mirth* (1904), and regards Justine as the survivor Lily Bart is not. Goodwyn suggests that Justine Brent is "Wharton's first and

only modern professional woman".¹⁶⁰ Since Justine Brent is Wharton's only professional woman, it is significant that Wharton chose medicine as her profession, signifying the importance of women in medicine and further indicting the male domination of the medical profession. This is the reason that Wharton's experience of the Weir Mitchell "rest cure" is so significant to several of her fictions: unlike Charlotte Perkins Gilman, Wharton chose not to give any clinical accounts of her experience in her non-fictional works, and thus it is through her fiction that she implicitly reveals her view of the male medical profession. *The Fruit Of The Tree* is probably her most explicit and powerful exploration of this theme, although, as we have seen, several of her short stories allude to the deleterious methods and practices of the "rest cure", by using rather more symbolic and subtle techniques.

ENDNOTES:

1. Cynthia Griffin Wolff, *A Feast of Words: The Triumph of Edith Wharton*. (New York: Oxford University Press, 1977) 30.
2. Wolff 12.
3. Edith Wharton, *A Backward Glance* (New York: D. Appleton-Century, 1934) 68.
4. Shari Benstock. *No Gifts from Chance: A Biography of Edith Wharton* (London: Hamish Hamilton, 1994) 34.
5. Benstock 33.
6. Benstock 40.
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CONCLUSION

These fictional works by Louisa May Alcott, Charlotte Perkins Gilman and Edith Wharton express in very different ways the resentment, disappointment and frustration felt by many women in their dealings with the nineteenth century medical profession. In their fictional worlds, these writers reveal how nineteenth-century women, as both doctors and patients, responded at the deepest and most personal level to their experience of health, ill-health and medicine.

Louisa May Alcott's thrillers are an early example of the examination in American women's fiction of female victimization and oppression by the male medical establishment. However, in some tales there is an interesting reversal, in which the evil male medical practitioner is replaced with an equally powerful female "healer", whose domination of the male patient intimates revenge. Charlotte Perkins Gilman's explicit goal was the promotion of the female doctor, for which she used the genre of utopian fiction to great effect. Gilman's "The Yellow Wallpaper" remained a powerful testimony to the maltreatment of female patients by the male medical practice of the nineteenth century, and her fiction looked to a future in which women have autonomy and independence, have become medical practitioners in their own right, and have even created an alternative, feminized way of living which, Gilman claimed, might ultimately eradicate illness, and thus the need for medicine, altogether.

Finally, Edith Wharton chose to explore the methods and practices of the nineteenth century medical man more implicitly, through the use of Gothic

imagery and symbolism to express her (mostly negative) impressions of male medical practice. Nevertheless, in the fictions discussed, all three writers examine the controlling and limiting effects of medicine and male medical practice on the lives of women, and the ability of such authority to destroy a woman's (mental or physical health. These writers respond in different ways to the nineteenth century medical practice with a strong fictional portrayal of the female healer, always giving her medical autonomy and the power to heal.

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